# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

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Do Not Mark in This Space For Official Use Only				

#### COVER PAGE

		COV	EK PA	IGE				
1. NAME OF COMMITTEE			E 161 E 151				312	
The state of the s								
Eddie Perez for Hartford								
2. TREASURER NAME								
First		МІ	Last				Suffix	
Ed			Jasón				CALOTE DE LOS ALGORISMOS	A CARLO CONTACTOR OF THE CONTACTOR OF TH
3. TREASURER ADDRESS		54,5 75 M	10.00	a de la companya de	3.50 Mar. 198			
Street Address		Ci	ity				State	Zip Code
417 Mountain Rd		1	st Hartford				CT	06107
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT <i>(Ca</i>	omplete only i	f Candida	ite Committee)	6. DISTRICT NUM	Andreas Anna Service Control	
(mm/dd/yyyy)					1_	(if applicable)	TT	(%)
11/05/2019	Mayor				ļo		ا 	()
7. CANDIDATE NAME (Complete on	ly if Candidate or Ex	ploratory Co	mmittee)					
First		MI	Last		•	**\ \	Suffix	30
Eddie			Perez	American (1940)				
8. TYPE OF REPORT (Check One.)	Box)	a de la la ca						
January 10 filing	√ 7th day preceding	primary	. 🔲	7th day pr	eceding referendum	Initial Contr.	ibution of I	Disbursement
April 10 filing	30 days following			45 days fo	llowing referendum	¹ <u> </u>		
July 10 filing	7th day preceding	g election		Deficit		Mendment		
October 10 filing	12th day precedin	ng election	🗆	Terminati	on	Type of Repo	ort;	
24 Hour Independent Expenditure								
Primary Election	45 days following held in November		t					
	110111							
9. PERIOD COVERED					4-15 S			
					- H			
В	eginning Date				Ending Date			-
0	7/01/2019		thru	1	09/01/2019			
10. CERTIFICATION								
10. GERTIFICATION				2.1.20 No. 20 No. 2		AND THE PERSONS AND AND THE PERSONS AND		
I hereby certify and state, under p	penalties of false	statement	, that all of	the info	rmation set fort	h on this <b>Itemize</b> c	i	
Campaign Finance Disclosure	Statement for the	e period co	overed is tr	ue, accu	rate and comple	ete.		
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5 ml			F	Du.	LAREL	\AS <sub>ss</sub> J	9/3	119
The state of the s							DATE (1	modddynau)
TREASURER OR DEPUTY TREAS	URER (SIGNATURI	Ε)	PI	RINT NAI	ME OF SIGNER		DWIE (I	mnuw yyyy)
					200			Colored Color
			.:II.C., II	atad asse	provisions of the	campaign finance	100	
A person who is fo	und to have knowi statutes face	ingly and w es a civil pe	ratudy viole malty or imi	uea any j vrisonme	provisions of ine nt or both.	campuign jinunce		
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### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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### **SUMMARY PAGE TOTALS**

IAME OF COMMITTEE . (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT  7th day preceding primary	
ddie Perez for Hartford		COLUMN B
	COLUMN A This Period	Aggregate
Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
2. Balance on hand at the beginning of Reporting Period	\$41,437.90	
3. Contributions received from Individuals (Section A and B)	\$27,582.00	\$93,415.00
4. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$9,800.00
5. Other Monetary Receipts (Sections D through K)	\$15,000.00	\$15,000.00
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
6b. Per Public Act. 11-48; effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	)
17. Total Monetary Receipts (add totals for lines 13-16c)	\$42,582.00	\$118,315.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$84,019.90	\$118,245.00
19. Expenditures Paid by Committee (Section P)	\$63,572.30	\$97,767.40
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$20,447.60	\$20,
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-kind Contributions Received (Section M)	\$0.00	\$106.35
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$15,000.00	\$15,000.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$15,000.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.0
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	805,-	

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NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Repos	ttory)		TYPE OF REPORT			
Eddie Perez for Hartford				7th day preceding	огітагу		
A. Total Contributions from Small Contributors - R	eceived this Period O	NLY					
(See instructions for definition of Small Contributor)		Sul	btotal Section A				\$0.00
	I. Itemized Contribut	ions from	n Individuals				
Last Name		First	Andrew ( )				M.I.
Arus		Aida					
Residential Street Address	City	1			State	Zip Code	
255 Main St, Ste 402	Hartford	d			CT	06106-1	821
Principal Occupation		Name of E					
Attorney .		Law Off	ice of Aida Arı	ıs			
dependent child of a lobbyist? municipality	on is in excess of \$400 to a ca does contributor or business valued at more than \$5,000?	he/she is ass			Amoun	t of Cont	ribution
	principal of a state contractor	or prospecti	ive state contractor	? ☐Yes			\$100.00
event reported in Section L1? If yes, indicat	e which branch or			. ✓ No			ψ100.00
If yes, list Event #		cecutive	Legisla	ntive			
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card Paya	oll Deduction Money Ord	l l	nte Received 7/18/2019	Aggregate contributions \$200.00			
Last Name		First			-		M.I.
Arus		Aida					
Residential Street Address	City				State	Zip Code	
255 Main St, Ste 402	Hartfor				СТ	06106-1	1821
Principal Occupation		Name of E	Employer Tice of Aida Art				
Attorney							
dependent child of a lobbyist? municipality	on is in excess of \$400 to a ca does contributor or business valued at more than \$5,000?	he/she is ass	mittee for a chief of sociated with have Yes	executive officer of a a contract with said  No	Amoun	it of Cont	ribution
Yes	principal of a state contractor	r or prospect	ive state contractor	? Yes			\$100.00
✓ No branches of a	e which branch or		<b>□</b> , .,	✓ No			•
If yes, list Event # contract is wife		xecutive	Legisla				
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Pay	roll Deduction Money Ord		ate Received 8/08/2019	Aggregate contributions \$200.00			
Last Name		First					M.I.
Avila		Raul					
Residential Street Address	City				State	Zip Code	2000
PO Box 9328	New H				СТ	06533-0	)328
Principal Occupation Psychotherapist		Name of E self					
dependent child of a lobbyist? municipality	on is in excess of \$400 to a ca does contributor or business valued at more than \$5,000?	he/she is as:	nmittee for a chief sociated with have Yes	executive officer of a a contract with said No	Amour	ıt of Cont	ribution
Yes	principal of a state contractor	r or prospect	ive state contractor	r? Yes			\$100.00
event reported in Section L1?    If yes, indication branches of war	te which branch or		<b>—.</b>	. V No			,
If yes, list Event # contract is wi		xecutive	Legisl	ative			
Method of contribution:		D.	ate Received	Aggregate contributions	1		

\$300.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Eddie Perez for Hartford						7th day preceding	primary		
A. Total Contributions from	Small Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of )	Small Cont	ributor)			Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ions f	rom Individuals				
Last Name				First					M.I.
Backus				Kev	vin .				
Residential Street Address			City				State	Zip Code	
PO Box 406			Crugers	3			NY	10521-0	406
Principal Occupation				1	of Employer				
Retired				Retii	rea				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	☐Yes ✓No	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the	г	-		∐ res ✓ No		\$	1,000.00
If yes, list Event #   Method of contribution:   Cash   Personal Check   ✓	Credit/Debit	contract is with:	Money Ord	ecutiv er	Date Received 08/23/2019	Aggregate contributions \$1,000.00	-		
Last Name	Credio			First		Ψ1,000,00	1		M.I.
Badash				You					112.2.
Residential Street Address		0.0000000000000000000000000000000000000	City	1			State	Zip Code	
35 Willard St			Hartford	<u> </u>			СТ	06105-1	813
Principal Occupation Education				Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat  If yes, indicate which branch o		or pros	pective state contractor	I ¢s			\$177.00
If yes, list Event #	<b>✓</b> No	branches of government the contract is with:	Ex	ecutiv					
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	er	Date Received 08/20/2019	Aggregate contributions \$354.00	,		
Last Name				First					M,I,
Bello				Yve	ette				
Residential Street Address			City	.J			State	Zip Code	•
21 Giddings St			Hartford		Miller.		CT	06106-3	3906
Principal Occupation Program Officer					of Employer ford Foundation f	or Public Giving			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐ Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	-		✓ No			\$250.00
If yes, list Event #		contract is with:		ecutiv	e Legisla Date Received		-		
Method of contribution:  Cash Personal Check ✓	Credit/Debit	t Card Payroll Deduction	Money Ord	ler	08/31/2019	Aggregate contributions \$250.00	1		

SUBTOTAL Section B - This Page	\$1,427.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fil	ing Reposi	(ory)		TYPE OF REPORT			
Eddie Perez for Hartford			\$1985/10 carrons	Special Co. Market St. Co.	7th day preceding p	orimary		
A. Total Contributions from Small Con See instructions for definition of Small Contr	ibutor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ons fr	om Individuals				1
Last Name			First					M,I.
Benjamin			Wal	ter				<u> </u>
Residential Street Address		City	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State	Zip Code 06002-2	2105
33 Cold Spring Dr		Bloomfi	eld			СТ	00002-	2105
Principal Occupation Real Estate			Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  V No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l ian \$5,000?	ne/she i	s associated with have	No No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?    Yes	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	r	or pros		✓ No		\$	1,000.00
Method of contribution:  Cash Personal Check Credit/Debit	contract is with:  Card Payroll Deduction	Money Ord		Date Received 08/07/2019	Aggregate contributions \$1,000.00			
Last Name			First	<u></u>				M.I.
			Da	rio				ļ
Bermudez Residential Street Address		City	<u>ا</u>			State	Zip Code	
352 Newfield St, Apt 310		Middlet	own			CT	06457-	6408
Principal Occupation Truck Driver			i	of Employer tin Bowers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more	r or business than \$5,000?	he/she	is associated with have	No No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branches of government the contract is with:	or	or pro	<u> </u>	✓ No ative			\$500.00
Method of contribution: Cash Personal Check Credit/Debi		Money Or	der	Date Received 08/29/2019	Aggregate contributions \$500.0			
Last Name		·	Fire	st				M.I.
Betancourt			Fe	rnando				
Residential Street Address		City				State	Zip Cod 06106	
6 Park Ter		Hartfo	rd			CT	00100	-1310
Principal Occupation Executive Director			Sar	e of Employer 1 Juan Center ————————————————————————————————————				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   ✓ No	municipality does contribute municipality valued at more	or or busines than \$5,000	s he/she ?	is associated with hav	No No	Amou	int of Coi	itributio
Is this contribution associated with an event reported in Section L1?    Yes     Yes       No	Is contributor a principal of a st  If yes, indicate which branch branches of government the	or	er or pro Executi		✓ No			\$300.0
Method of contribution:  Cash Personal Check Credit/Dek	contract is with:			Date Received 07/23/2019	Aggregate contribution \$1,000.0		. "	

SUBTOTAL Section B - This Page	\$1,800.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with Fil	ling Reposite	ory)		TYPE OF REPORT			
Eddie Perez for Hartford		50.460.005.000.00	2017-1-0-11-0-1	Selection of the select	7th day preceding	primary		
A. Total Contributions from Small C	Contributors - Received this	Period ON	VI.Y					
A. Total Contributions from Small Co See instructions for definition of Small Co			Su	ibtotal Section A				\$0.00
See instructions for definition of small Co	B. Itemized C	ontributio						
	B. Hollinge C.		First					M.I.
Last Name		İ	Kathle	en en				
Bolduc		City	Retaile	7011		State	Zip Code	<u> </u>
Residential Street Address		South G	lastonb	oury		СТ	06073-	2600
12 Chelsea Rd				Employer				
Principal Occupation Executive			Goodw	vin College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o municipality does contributor municipality valued at more the	or business he han \$5,000?	ne/she is a	Yes Yes	No No	Amour	it of Cont	tribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o	or	or prospec	ctive state contractor	lative No			\$100.00
Method of contribution:  Cash Personal Check ✓ Credit/D		Money Orde		Date Received 08/30/2019	Aggregate contributions \$100.00			
Last Name			First					M,I.
			Dama	aris				
Bolorin		City				State	Zip Code	
Residential Street Address		Hartford	d			CT	06106	-3765
86 Margarita Dr Principal Occupation Information Requested				f Employer nation Requesto	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	· · · · · · · · · · · · · · · · · · ·	er or business I than \$5,000?	he/she is	Yes	No No	Amou	nt of Con	ıtribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch	or	cecutive	Legis	√ No slative			\$100.0
Method of contribution:	. 🖂			Date Received	Aggregate contribution \$110.0			
Cash Personal Check Credit/	Debit Card Payroll Deduction	intolley Ord		07/13/2019	ψ110.0	<u> </u>	<u> </u>	M.I.
Last Name			First					
Brinson			Core	эу		T 61 11	Zip Cod	do
Residential Street Address		City				State		3-2308
777 Main St		Hartfore		6F			1	
Principal Occupation Consultant			Self E	of Employer Employed		<u></u>		
15 continuos a toboyias, spouse, or	Yes If contribution is in excess on municipality does contribute municipality valued at more	or or business e than \$5,000?	s he/she is ?	s associated with hav	ve a contract with salu  ✓ No	Amou	unt of Co	ntributio
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	If yes, indicate which branch	ı or	er or prosp Executive		islative No			\$50.0
Method of contribution:  Cash Personal Check Credit	COMMON TO FIRM			Date Received	Aggregate contribution			

\$250.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Is this contribution associated with an event reported in Section L1?

If yes, list Event #

Yes

✓ No

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

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NAME OF COMMITTEE (Provi	de Complet	e Name as Registered with Fi	ling Reposi	tory)			TYPE OF REPORT			
Eddie Perez for Hartford				Anglini (magani) di matani di Anglini di Ang			7th day preceding	primary		
A. Total Contributions from S	Small Con	tributors - Received this	Period O	NLY	8 6 6 8					
(See instructions for definition of S	Small Contr	ibutor)			Subtotal S	ection A				\$0.00
		B. Itemized C	ontributi	ons f	rom Indiv	iduals		- 160 KM 166		
Last Name				First						M.I.
Brooks				Ne	ville					
Residential Street Address			City					State	Zip Code	
46 Torpey Dr			East Ha					СТ	06108-2	900
Principal Occupation Self Employed					of Employer Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more than the second structure of the sec	or business l			vith have		Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ✓No	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the  contract is with:	r	or pros	_	contractor	✓ No	\$1,000.00		
Method of contribution:  Cash Personal Check	Credit/Debit		Money Ord	er	Date Recei 07/10/20		Aggregate contributions \$1,000.00			
Last Name		- Amari		Firs	t					M.I.
Burr				Fre	eman					
Residential Street Address			City	-1-1				State CT	Zip Code 06002-3	2406
17 Livingstone Rd			Bloomfi		of Employer			10'	00002-0	5400
Principal Occupation Retired School Superintende	nt			CSE						
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	ndidate he/she	e committee for is associated v	with have	executive officer of a a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes  ✓ No	Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	ır	or pro:	_	Legisl	ative No			\$100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓	Credit/Debit	Card Payroll Deduction	Money Ord	ler	Date Recei 08/14/20		Aggregate contributions \$100.00			
Last Name				Firs	t				-	M.I.
Caban				Lui	is					
Residential Street Address			City	-1				State CT	Zip Code 06106-3	2202
63 Brownell Ave			Hartford		e of Employer			101	00100-	3302
Principal Occupation Retired				Reti	, .					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	or business	he/she	c committee for is associated	with have	executive officer of a a contract with said  No	Amou	at of Cont	ribution

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

Is contributor a principal of a state contractor or prospective state contractor?

Executive

If yes, indicate which branch or branches of government the contract is with:

Yes

**✓** No

Aggregate contributions

\$250.00

Legislative

Date Received

08/13/2019

\$250.00

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AME OF COMMITTEE (Provide Complete Name as Registe	ered with Filing Repository)		TYPE OF REPORT	rimon		
die Perez for Hartford						
A. Total Contributions from Small Contributors - Rec See instructions for definition of Small Contributor)	eived this Period ONLY	Subtotal Section A				\$0.00
B. J	temized Contributions	from Individuals			<del></del>	MI
Last Name	Fir					M.I.
	CH	narlie			1	
Cahn	City			State	Zip Code 06078-2	110
Residential Street Address 222 N Main St	Suffield			CT	00070-2	119
Principal Occupation		ie of Employer				ļ
educator		field academy				
dependent child of a lobbyist?    No municipality de municipality ve	is in excess of \$400 to a candida bes contributor or business he/sh llued at more than \$5,000?	Yes Yes	✓ No	Amoun	t of Conti	ibution
Is this contribution associated with an event reported in Section L1?  If yes, indicate branches of gove contract is with:	ncipal of a state contractor or province branch or criment the Execut	;—1- · ·	☑No ative			\$250.00
Method of contribution:	Deduction   Money Order	Date Received 07/10/2019	Aggregate contributions \$250.00			
		irst				M.I.
Last Name	) E	dward				
Casares	City			State	Zip Code	40.40
Residential Street Address	Hartford			СТ	06106-	4348
78 Roger St		me of Employer				
Principal Occupation Safety officer	\	RT	6tive officer of a	Τ.	nt of Cont	ulhution
dependent child of a lobbyist?  No municipality of municipality.	is in excess of \$400 to a candid loes contributor or business he/s valued at more than \$5,000?	Yes	✓ No	Amoui	It of Cou	,1
		<del>-</del>	√ No slative			\$100.00
		Date Received	Aggregate contribution: \$1,000.0			
Cash Personal Check Credit/Debit Card Payr	oll Deduction Money Order	08/10/2019	\$1,000.0	<u> </u>		M,I.
Last Name		First				11
Casares		Edward			m   0.4	<u> </u>
Residential Street Address	City			State	Zip Code 06106	
78 Roger St	Hartford			10,	00100	10.10
Principal Occupation Safety officer	\c	ame of Employer CRT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution municipality municipality	on is in excess of \$400 to a cand does contributor or business he valued at more than \$5,000?	Yes Yes	✓ No	Amou	int of Cor	itributio
event reported in Section L1?	principal of a state contractor or the which branch or overnment the Execution.	cutiveLeg	gislative No	ne		\$250.0
Method of contribution:    Cash   Personal Check ✓ Credit/Debit Card   Pay		Date Received 08/14/2019	Aggregate contributio			

\$600.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE /Denvid	e Complete	Name as Registered with Fil	ling Reposi	tory)		TYPE OF REPORT			
95-00-14000-04-130-14-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  7th day preceding			7th day preceding p	orimary				
ddie Perez for Hartford	W /1	n Desaived this	Period (A)	NI.Y					
., Total Contributions from Si			i Ciiou O		Subtotal Section A				\$0.00
See instructions for definition of Sn	iall Contr	ibitor)	2.142	4000	om Individuals				
		B. Itemized C	ontributi		JIII THUIVIGUAIS				M.J.
Last Name				First					
Casares				Edw	ard		Ct-to	Zip Code	
Residential Street Address			City				State CT	06106-4	348
78 Roger St			Hartford				<u> </u>		
Principal Occupation				Name o	of Employer				}
Safety officer									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more t	or business : han \$5,000?	he/she is	Yes Yes	✓ No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	☐ Yes	Is contributor a principal of a sta  If yes, indicate which branch of branches of government the	)T			✓No			\$150.00
If yes, list Event #	<u> </u>	contract is with:	Ex	cecutive		Aggregate contributions	1		
Method of contribution:		Card Payroll Deduction	Money Ord	ler	Date Received 08/16/2019	\$1,000.00			
Cash Personal Check	Credit/Debit	Card Payron Deduction		First	00/10/2010		<u></u>		M.I.
Last Name				İ					
Casares				Edv	vard		State	Zip Code	
Residential Street Address			City				CT	06106-	
78 Roger St			Hartfor						
Principal Occupation Safety officer				CRT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess o municipality does contribute municipality valued at more	or or business than \$5,000	s he/she i ?	Yes	No No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	☐Yes ✓No	Is contributor a principal of a st  If yes, indicate which branch branches of government the contract is with:	or	er or pros Executiv	F-1-	lative No			\$250.00
					Date Received	Aggregate contribution			
Method of contribution:  Cash  Cash  Personal Check ✓	Credit/Deb	it Card Payroll Deduction	Money O	rder	08/30/2019	\$1,000.0	0		1 3 4 5
Last Name		<del> </del>		Firs	t				M.I.
				Ine	s		_		
Casares			City				State	Zip Cod	e 
Residential Street Address			Hartfo	rd			CT	06106	-4348
78 Roger St					e of Employer				
Principal Occupation Receptionist					dlesex healthcar		<del></del>	1 . C.C.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	municipality does contribut municipality valued at mor	tor or busines e than \$5,000	ss he/she 0?	Yes Yes	✓ No	Amou	int of Coi	ntributio
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of as If yes, indicate which branch branches of government the contract is with:	h or	Executi	veLegi	slative No	115		\$250.0
Method of contribution:  Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money (	Order	Date Received 08/30/2019	Aggregate contributio \$250.			

\$650.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
	(Enter total on Line 13, Column A of Summary Page

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Eddie Perez for Hartford  A. Total Contributions from Small Contributors - Received thi							
A. Total Contributions from Small Contributors Descind 41:				7th day preceding		J	
	s Period C	ONLY			5 6	<u>'</u>	
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.0
B. Itemized	Contribut	tions f	rom Individuals				70.0
Last Name		First					M.I.
Chadburn		Car	rl				
Residential Street Address	City	<u> </u>			State	Zip Code	
94 Southpond Rd Principal Occupation	South C	Glasto	nbury		СТ	06073-	2324
retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess o municipality does contribute municipality valued at more	r or business l than \$5,000?	he/she is	s associated with have	a contract with said  No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a star of the section L1?  If yes, list Event #  Is contributor a principal of a star of the section L1?  If yes, indicate which branches of government the contract is with:	or	or prosp	_	∐ res ✓ No			\$100.00
L.	Money Orde	ler	Date Received 07/15/2019	Aggregate contributions			
Last Name		First					M.I.
Chase		Matt	thew				
Residential Street Address	City				State	Zip Code	
210 Farmington Ave Principal Occupation	Hartford				CT	06105-3	3604
Chiroprator	į		of Employer ord Physical Med	dicine			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h	ndidate c he/she is	committee for a chief of associated with have Yes	executive officer of a a contract with said No	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If yes, list Event #  Yes  Is contributor a principal of a star of the section L1?  Yes  If yes, indicate which branch of branches of government the contract is with:	ır	or prosp		? Yes			\$100.00
Method of contribution:	Money Orde		Date Received 07/18/2019	Aggregate contributions \$100.00			
Last Name		First	L		<u> </u>		M.I.
Coarcia		Laur	а			ĺ	
Residential Street Address	City				State	Zip Code	
461 Park St Principal Occupation	Hartford				СТ	06106-1	592
Information Requested		Name of Retire	f Employer d				
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more the	or business he	didate co e/she is a	ommittee for a chief e associated with have a	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or branches of government the contract is with:	-	ecutive	ective state contractor?	∐ Yes ✓ No			\$30.00
Method of contribution:	Money Order	T 1	Date Received 07/22/2019	Aggregate contributions \$30.00			

\$230.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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•••			

NAME OF COMMITTEE (Provide	Complet	e Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
ddie Perez for Hartford			7th day preceding	primary		_ 1			
A. Total Contributions from Sm	iii oo saa	Anthurs Descived this	Pariod ()	NI.Y					
			i ci iou O		Subtotal Section A				\$0.00
See instructions for definition of Sm	all Contr	ibillor)			om Individuals				
		B. Hemized C	ontributi	AND RESPONDED TO A STATE OF THE PARTY OF THE	mi muividuais				M.I.
Last Name				First					
Crespo				Made	eline		Cirt	Zip Code	
Residential Street Address			City	.a			State CT	06106-	4008
616 Broadview Ter			Hartford		CElaura				
Principal Occupation					f Employer nation Requeste	d			ľ
Information Requested				1	·		T		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes √No	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she is	associated with have	No No	Amoun	t of Cont	ribution
ls this contribution associated with an	Yes	Is contributor a principal of a stat	te contractor	or prosp	ective state contractor	? Yes			\$25.00
event reported in Section L1?		If yes, indicate which branch o	Г			. No			*
If yes, list Event #	∠No	branches of government the contract is with:	Ex	recutive	Legisla	ative			
Method of contribution:	1		-		Date Received	Aggregate contributions			
✓ Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orc	der	07/17/2019	\$25.00			1377
Last Name				First					M.I.
Crespo				Ped	ro			<u>,</u>	<u> </u>
Residential Street Address			City	·			State	Zip Code	
616 Broadview Ter			Hartfor	d d			СТ	06106-	4000
Principal Occupation Information Requested					of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more t	r or business than \$5,0007	s he/she is ?	associated with have	No No	Amou	nt of Con	tribution
Is this contribution associated with an	Yes	Is contributor a principal of a sta	ite contracto	r or prost	ective state contracto	r? Yes			\$25.00
event reported in Section L1?		If yes, indicate which branch of	or			✓No			,
If yes, list Event #	✓ No	branches of government the contract is with:	E	xecutive	. Legisl	ative	_		
Method of contribution:					Date Received	Aggregate contribution			
Cash Personal Check	redit/Debi	it Card Payroll Deduction	Money Or	rder	07/17/2019	\$25.0	<u> </u>		
Last Name				First					M.1.
Cristofaro				Eliz	abeth				
Residential Street Address			City				State	Zip Cod 06013	
14 Daniel Trce			Burling				CT	00013	-1000
Principal Occupation					of Employer	l D			
Attorney					and Paulexas L				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	municipality does contribute municipality valued at more	or or busines than \$5,000	is he/she i )?	s associated with hav	No No	Amou	nt of Cor	ıtribution
Is this contribution associated with an	Yes	Is contributor a principal of a st	ate contracto	or or pros	pective state contract	or? Yes			\$500.0
event reported in Section L1?	_	If yes, indicate which branch	or			✓ No	ļ		•
If yes, list Event #	✓ No	branches of government the contract is with:	E	Executiv	e Legis	lative	_		
Method of contribution:			7		Date Received	Aggregate contribution			
Cash Personal Check	Credit/Deb	oit Card Payroll Deduction	Money O	order	07/16/2019	\$500.0	101		

\$550.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page
	(Enter total on Line 13, Column A of Summary 1 age

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with F	iling Repo	sitory)		TYPE OF REPORT			
Eddie Perez for Hartford			•		7th day preceding	nriman		
A. Total Contributions from Small Co (See instructions for definition of Small Com		Period C	NLY	Subtotal Section		pilitaly		<b>\$0.0</b> 0
		'antribut	ions f	rom Individuals	(88)			\$0.00
Last Name			First					M.I.
Cruz			Jua	an				IVI.I.
Residential Street Address		City				State	Zip Code	<u> </u>
64 Mozart St		West H	lartfor	d		CT	06110-	
Principal Occupation Administrator			Name GSA	of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business han \$5,000?	he/she i	s associated with have	e a contract with said No	Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r —	or pros		∐ res ☑No	1		\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✔ Credit/Debit	contract is with:	Money Ord		Date Received 08/28/2019	Aggregate contributions \$50.00			
Last Name			First					M.I.
Czapiga			Jam	nes				
Residential Street Address		City		,		State	Zip Code	J
68 Knollwood Dr		Hebron				СТ	06248-	1280
Principal Occupation President & CEO			Name CATI	of Employer  C				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l	ndidate one/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Ves	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	புக			\$500.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisl	ative No			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 08/22/2019	Aggregate contributions \$500.00			
Last Name			First					M.I.
Davila			Fran	ncis			i	
Residential Street Address 24 Allendale Rd		City Hartford				State CT	Zip Code 06106-3	501
Principal Occupation Information Requested				of Employer nation Requeste	d			
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more the	or business h	didate c e/she is	committee for a chief of associated with have Yes	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  V No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		cutive		∐ Yes ✓ No		;	\$250.00
Method of contribution:  Cash ✓ Personal Check Credit/Debit €	Card Payroll Deduction	Money Orde		Date Received 07/18/2019	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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#### I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford		-C-1000-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-	otro-energy-resoco	en y fan Como Congres, en el formation de Plane de la Unique graf perhandre à la	7th day preceding	primary	0.00 Magazinia (1.00 Magazinia (1.00 Magazinia (1.00 Magazinia (1.00 Magazinia (1.00 Magazinia (1.00 Magazinia	
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Cor	utributor)			Subtotal Section	A			\$0.00
	B. Itemized C	ontribut	ions f	rom Individuals				
Last Name			Firs	t			20203-01003-012-02-02-02-02-02-02-02-02-02-02-02-02-02	M.I.
De La Cruz			An	tonio				
Residential Street Address		City				State	Zip Code	<u></u>
179 Middletown Ave		Wether	sfield			СТ	06109-	3824
Principal Occupation			I	of Employer				
Information Requested			Rea	ltor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or ousiness				Amoun	it of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	spective state contracto	π? Yes	]		\$50.00
event reported in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the	_		(	✓No			φου.υυ
Method of contribution:	contract is with:	LEX	ecutiv	e Legis  Date Received		-		
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	07/10/2019	Aggregate contributions \$50.00			
Last Name			First	t	<u> </u>	<u></u>		M.I.
Diaz			Am	neris				
Residential Street Address		City	1			State	Zip Code	1
494 Silver Ln		East Ha	artford	t e		СТ	06118-	1100
Principal Occupation Medica Records Specialist				of Employer e of Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state	e contractor	or pros	spective state contracto	r? γes			ቀፍለስ ለሰ
event reported in Section L1?  If yes, list Event #	If yes, indicate which branch or branches of government the	_	ecutiv	e  Legisl	☑ ✓ No			\$500.00
Method of contribution:	contract is with;		ccuar	Date Received	Aggregate contributions			
Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	07/29/2019	*\$500.00			
Last Name			First	!				M.I.
Diaz			Nel	Ison				
Residential Street Address		City				State	Zip Code	
442 Main St		East Ha	artforc	<u> </u>		СТ	06118-	1401
Principal Occupation Owner			Name C-To	of Employer DWN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or ousiness l				Amoun	t of Cont	ribution
					\$500.00			
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e 🔲 Legisl	ative No			
Method of contribution:  Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 08/07/2019	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fili	ing Reposi.	tory)		TYPE OF REPORT			
Eddie Perez for Hartford	20.000 pp. 10.000 pp.				7th day preceding	orimary		
A. Total Contributions from Small Contributions for definition of Small Contri	ibutor)		S	ubtotal Section A				\$0.00
	B. Itemized Co	ontributi	ons fro	m Individuals				
Last Name			First					M.I.
Diaz			Prisc	illa				
Residential Street Address		City	l			State	Zip Code	707
1814 Broad St		Hartford	1			СТ	06114-1	707
Principal Occupation				f Employer	٠.			
Information Requested			l	ation Requeste				
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more th	or business l nan \$5,000?	he/she is a	associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes	is contributor a principal of a state		or prospe	ective state contractor	? Yes			\$750.00
event reported in Section L1?	If yes, indicate which branch or				✓No			, .
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	Legisla	ative			
Method of contribution:  Cash  Personal Check  Credit/Debit	Card Payroll Deduction	Money Ord		Date Received 07/13/2019	Aggregate contributions \$1,000.00	)		
Last Name			First					M,L
Douglas			Bruc	e				
Residential Street Address		City	1			State	Zip Code	0700
25 West Rd		Collins	ville			CT	06019-	3739
Principal Occupation Retired			Name o Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	he/she is	associated with have	a contract with said  No	Amour	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	er	or prosp xecutive			Terri		\$250.00
Method of contribution:  Cash Personal Check Credit/Debit		Money Ord	der	Date Received 08/15/2019	Aggregate contributions \$500.00			
Last Name			First					M.I.
			Edg	ar				
Dreyer		City				State	Zip Code	
Residential Street Address 32 Belmont St		Hartfor	ď			CT	06106	2905
Principal Occupation				of Employer	_			
Information Requested				nation Request		<del></del>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more	r or business than \$5,000°	s he/she is ?	s associated with hav	e a contract with said	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a sta If yes, indicate which branch of		r or prosp	pective state contract	or?			\$40.00
If yes, list Event #	branches of government the contract is with:		xecutive		lative Aggregate contribution			
Method of contribution: Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money Or	rder	Date Received 08/10/2019	\$40.0			

\$1,040.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide Compl	ete Name as Registered with Pill	ng Keposilo	u yy		7th day preceding p	rimary		
ddie Perez for Hartford	p : Jakia D	Pariod ON	πV					
. Total Contributions from Small Co	ntributors - Received this r	егіва Он	iii. Si	ibtotal Section A				\$0.00
see instructions for definition of Small Con	B. Itemized Co	4 2145						
	B. Hemized Co	)Utribario	First					M.I.
Last Name							Ì	
Dumas		C:+-:	Gary			State	Zip Code	
Residential Street Address		City Murrells	Inlet			sc	29576-6	877
175 Parmelee Dr, Unit D				Employer				
Principal Occupation Retired			Not Er	nployed				
	If contribution is in excess of	\$400 to a care	didate co	mmittee for a chief e	xecutive officer of a	Amoun	t of Conti	ribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business n	c/she is a	issociated with have t	contract with said			Ì
dependent child of a lobbyist?	municipality valued at more th	ian \$5,0007		YesYes				+ + = = = =
ls this contribution associated with an Yes	Is contributor a principal of a state	e contractor o	or prospe	ctive state contractor				\$100.00
event reported in Section L1?	If yes, indicate which branch of branches of government the		ecutive	Legisla	√No utive			
If yes, list Event #	contract is with:			Date Received	Aggregate contributions			ļ
Method of contribution:  Cash Personal Check Credit/De	hit Card Payroll Deduction	Money Orde		08/20/2019	\$200.00			
	on care	<del>-</del>	First	<u>.                                 </u>				M.I.
Last Name			Yvor	nne				
Duncan		City				State	Zip Code	
Residential Street Address		Hartford	i			CT	06105-	2269
168 Whitney St		<u> </u>	Name o	of Employer	001100			
Principal Occupation Attorney			State	of Connecticut	- CCHRO			
	es If contribution is in excess of	f \$400 to a ca	ndidate o	committee for a chief	executive officer of a	Amou	nt of Con	tribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributo	r or business	ne/sne is	associated with have	No	1		
	Is contributor a principal of a sta	te contractor	OF Drost	<u> </u>		-		\$30.00
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a set		or preel		✓ No			ψου.στ
I√INo	branches of government the		xecutive	Legis	lative			
If yes, list Event #	contract is with:			Date Received	Aggregate contribution			
Method of contribution:  Cash Personal Check Credit/L	ebit Card Payroll Deduction	Money Or	der	07/04/2019	\$30.0	<u> </u>		M,I.
Last Name			First					141.1.
			Yas	sha			1 7: 0 1	
Residential Street Address		City				State	Zip Cod 06413	1e 3-1623
78 W Main St		Clintor				10,	1 00 110	
Principal Occupation				of Employer SCA Constructi	ion Inc			
Construction								
Is contributor a lobbyist, spouse, or	'es If contribution is in excess of municipality does contribut	of \$400 to a c	candidate	committee for a chie	of executive officer of a	Amo	unt of Co	ntributio
dependent child of a lobbyist?	lo municipality does contribut municipality valued at more	or or busines e than \$5,000	is ne/sne 1?	Yes	✓ No	_]		
	Is contributor a principal of a s	state contracto	or or pro	spective state contrac	tor? Yes			\$100.0
ls this contribution associated with an event reported in Section L1?	If yes, indicate which branch				✓ No			•
]   <b>/</b> [N	branches of government the contract is with:		Executiv	ve Legi	slative	_		
	taniiaci is Willi				Aggregate contributio	ns i		
If yes, list Event #  Method of contribution:	Debit Card Payroll Deduction			Date Received 08/19/2019	\$550.			

\$230.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete	Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford					7th day preceding	primary		
A. Total Contributions from Small Contributions for definition of Small Contrib		Period O	NLY	Subtotal Section A	<u> </u>			\$0.00
	B. Itemized C	Contribut	ions f	rom Individuals				
Last Name			First			20AAN COLUMN 240AN DIO	SOWCON STREET, SOCIETY	M.I.
Escalera			Yas	sha				
Residential Street Address		City				State	Zip Code	
78 W Main St		Clinton				СТ	06413-1	1623
Principal Occupation Construction				of Employer SCA Construction	on, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	it of Cont	ribution
event reported in Section L1?	contributor a principal of a state of the state of the state of government the	or	or pros		∐ 1es ✓No			\$200.00
Method of contribution: Cash Personal Check Credit/Debit Ca	contract is with: ard Payroll Deduction	Money Ord		Date Received 08/27/2019	Aggregate contributions \$550.00			
Last Name			First	i	·			M.I.
Fernandez			Bar	bara				
Residential Street Address		City				State	Zip Code	
91 Church Hill Rd		Haddar				СТ	06438-	1124
Principal Occupation Director				of Employer ∋ of Ct				
Is contributor a lobbyist, spouse, or	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	it of Cont	ribution
event reported in Section L1?	contributor a principal of a state of the contributor of principal of a state of the contribution of government the	ıτ	-		∐ res √No			\$50.00
Method of contribution:  Cash  Personal Check  Credit/Debit Ca	contract is with:	Money Ord	ecutiv	e Legisl Date Received 08/29/2019	Aggregate contributions			
Last Name	nu Taylon Dedaction	_ money ord	First	<u> </u>	\$50.00	<u> </u>		M.I.
Flaherty				ven				141,1.
Residential Street Address		City Wolcott		-VC11		State CT	Zip Code 06716	1
76 Ranson Rd Principal Occupation Information Requested		VVOICOL		of Employer red		01	00710	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	it of Cont	ribution
event reported in Section L1?	contributor a principal of a state		or pros	pective state contracto	☐ Yes			\$500.00
1) yes, ast Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Ord	ег	Date Received 07/24/2019	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Complete Name as Regi	stered with Filing Repo.	sitory)		TYPE OF REPORT			
Eddie Perez for Hartford		2000		7th day preceding p	orimary		
A. Total Contributions from Small Contributors - Re	eceived this Period (	)NLY					Ì
See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
See instructions for definition of small commons.	. Itemized Contribu	tions fr	om Individuals				
		First					M.I.
Last Name		Mari	ilda				
Gandara	City	Mai			State	Zip Code	
Residential Street Address	Hartfo	rd			СТ	06105-1	108
155 Scarborough St Principal Occupation		Name	of Employer				
Retired		none		officer of a	Γ.	. 45	** **
dependent child of a lobbyist? In No municipality municipality	n is in excess of \$400 to a c does contributor or busines valued at more than \$5,000	s he/she is ?	s associated with have	No No	Amoun	t of Cont	ribution
event reported in Section L1?    It's		or or prosp Executive		√ No	d.		\$500.00
## ## ## ## ## ## ## ## ## ## ## ## ##	olf Deduction Money O		Date Received 08/19/2019	Aggregate contributions \$1,000.00	)		
		First			·		M.I.
Last Name		Ric	ardo				
Gonzalez	City	1110	ui do		State	Zip Code	
Residential Street Address	Hartfo	ord			CT	06114-	1027
55 Dean St Principal Occupation Information Requested			of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or Yes If contribution dependent child of a lobbyist? No municipality municipality	on is in excess of \$400 to a does contributor or busine valued at more than \$5,00	ss he/she	Yes	No No	Amou	nt of Con	tribution
		tor or pros Executiv	<del></del>	lative No			\$60.0
N. d. d. Combination	roll Deduction Money	Order	Date Received 08/16/2019	Aggregate contribution \$60.0			
Last Name		Firs	t				M.I.
		An	thony				
Harrington	City		•		State	Zip Cod	
Residential Street Address		mfield			СТ	06002	-1146
3 Boysen Dr Principal Occupation			e of Employer				
Career Agent		KRA					
dependent child of a lobbyist?	ion is in excess of \$400 to a y does contributor or busing y valued at more than \$5,00	ess he/she 007	is associated with hav	No No	Amou	int of Cor	itributio
event reported in Section L1?	a principal of a state contract ate which branch or government the		<b>—</b> .	Vo			\$100.0
If yes, list Event # Contract is w		Executi					
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Pa	yroll Deduction Money	Order	Date Received 07/10/2019	Aggregate contribution \$100.0			

\$660.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	e Complete	e Name as	Registered with F	iling Repos	itory)		TYPE (	OF REPORT			
Eddie Perez for Hartford			<u>apace</u>	un emissione en en en en en en en en en en en en e	- Harrist Commence		7th day	y preceding p	rimary		
A. Total Contributions from Sn	nall Con	tributors	- Received this	Period C	NLY						
See instructions for definition of Sm						Subtotal Section	a A				\$0.00
see instructions for definition of on	un oom,		B. Itemized (	Contribut	ions fr	om Individual	ls				
Last Name					First						M,L
					Lind	a					
Hill				City	1				State	Zip Code	
Residential Street Address				Needh	am				MA	02492-	4355
83 Thornton Rd Principal Occupation				1	Name	of Employer				<u>,</u>	
Homemaker					Self F	Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munici	ribution is in excess o pality does contribute pality valued at more	or or business	s he/she is	committee for a chi s associated with ha Yes	ief executive ave a contract	t With said	Amoun	t of Cont	tribution
Is this contribution associated with an	Yes	Is contribu	itor a principal of a st	ate contracto	r or prosj	pective state contra	.ctor?	Yes			\$500.00
event reported in Section L1?			ndicate which branch	or				✓ No			•••
If yes, list Event #	✓ No	branches contract	s of government the is with:	E	xecutive	: Leg	gislative				
Method of contribution:						Date Received	Aggrega	ate contributions			
Cash Personal Check 🗸 C	redit/Debit	Card	Payroll Deduction	Money O		08/07/2019		\$500.00			M.I.
Last Name			· · · · · · · · · · · · · · · · · · ·		First						141.1.
Hopkins-Staten					The	eresa				T = 2 - 4	<u>.l.</u>
Residential Street Address				City				1	State CT	Zip Code 06117-	
1833 Asylum Ave				West	Hartfor				U1	100111	-2007
Principal Occupation Director					Ever	of Employer rsource Energy	-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munic munic	tribution is in excess of ipality does contribut ipality valued at more	or or busines e than \$5,000	s he/she	Is associated with h	nave a contrac	et with said	Amoui	nt of Con	tribution
Is this contribution associated with an	Yes	Is contrib	utor a principal of a s	tate contract	or or pros	spective state contra	actor?	Yes			\$250.0
event reported in Section L1?	✓ No	If yes, i	indicate which branch is of government the			Г .	a datina	✓ No			·
If yes, list Event #	121		t is with:		Executiv		gislative	iltions	-		
Method of contribution:  Cash  Personal Check	o two.td	F	Payroll Deduction	Money C	ìrder	Date Received 09/01/2019	Aggreg	gate contributions \$250.00			
	Credit/Debi	t Card [			Firs				<u> </u>		M,I.
Last Name					ļ						1
Jacoby					Jac	cqueline			State	Zip Cod	ie –
Residential Street Address				City	المس				CT	06416	
5 Lower Heatherwood				Cioni		e of Employer					
Principal Occupation consultant					Ret	ired					
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	munic munic	ntribution is in excess cipality does contribu cipality valued at mor	stor or busine re than \$5,00	ess he/she 10?	is associated with	nave a contra	ici witii saiu	Amou	int of Coi	atributio
Is this contribution associated with an event reported in Section L1?	Yes	If yes,	butor a principal of a indicate which branc	ch or	tor or pro			∏Yes <b>✓</b> No			\$250.0
If yes, list Event #	<b>✓</b> No		es of government the ct is with:		Executi	ve L	egislative		_		
Method of contribution:		1				Date Received	Аддге	gate contributions	s		

\$1,000.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Page	19	of	5

Substate   Section   A   Substate   Section   A	NAME OF COMMITTEE (Provide Compl.	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT				
Suppose   Supp	Eddie Perez for Hartford	and the free free free free free free free fr			The state of the s	7th day preceding primary				
B.   Itemized   Contributions from Individuals   First   Cynthia	A, Total Contributions from Small Co	ntributors - Received this	Period O	NLY						
Last Name	(See instructions for definition of Small Con	ributor)			Subtotal Section A				\$0.00	
Jannings   Cynthia		B. Itemized C	ontributi	ons f	rom Individuals					
Reidential Street Address   City   Hartford	Last Name			First					M.i.	
See Hartland St	Jennings			Cyr	nthia					
Name of Employer Self    Contribution is in access of \$400 to a candidate committee for a chief executive officer of a monitopality does combourer or husiness he/she is associated with have a comment with said executive officer of a monitopality of the contribution associated with any or event reported in Section L17   Yes	<u>-</u>		City				State	Zip Code		
Is contribution a lobbyist, sponse, or dependent child of a lobbyist;   Yes   If contribution is in excess of \$400 to a candidate contract with said   municipality valued at more than \$5,000?	86 Hartland St		Hartford	t			СТ	06112-1	130	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					of Employer					
dependent child of a lobbyist?   No   municipality does contribution associated with an   Yes   stitis contribution associated with an   Yes   stitis contribution associated with an   Yes   first contribution associated with an   Yes   first contribution associated with an   Yes   first contribution associated with an   Yes   first contribution associated with an   Yes   first contribution   first contr	Attorney			Self						
### State of Contribution   Payrol is Event ##	Januardant shild afa lahbuist?	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	it of Contr	ibution	
Method of counting times.   Credit/Debit Card   Payrolf Deduction   Money Order   Date Receive   Date Receive   State   Zip Code   CT   O6002-1733	event reported in Section L1?	If yes, indicate which branch or	г			✓ No			\$100.00	
Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   08/21/2019   \$550.00	If yes, list Event #		Ex	ecutiv		ative				
Jones  Residential Street Address 16 Richard Ln  Reindential Street Address 16 Richard Ln  Reindential Street Address 16 Richard Ln  Requested  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract with said municipality valued at more than \$5,000?  Last Name  Joya  Residential Street Address 658 Broadview Ter  Principal Occupation  Special Education  State  Amount of Contribution  State  CT  Name of Employer  Information Requested  Is contributor a principal of a state contractor?  If yes, indicate which branch or branches of government the contract with said municipality valued at more than \$5,000?  Principal Occupation  Special Education  State  CT  Name of Employer  Aggregate contributions  State  CT  OB106-4010  Amount of Contribution  Executive  Lugislative  Math. E  Amount of Contribution  Executive State contractor?  Principal Occupation  Special Education  State  Types  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?  No  State  Types  State  Ty		t Card Payroll Deduction	]Money Ord	er	i '					
Residential Street Address 16 Richard Ln Principal Occupation Information Requested    Name of Employer   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality of the contract is with:    State	Last Name			First					M.I.	
16 Richard Ln  Principal Occupation Information Requested  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Method of contribution:  Method of contribution:  Method of contribution associated with an event reported in Section L1?  Method of Coupation Special Education  Special Education  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  Method of contributions  Method of contribution:  Method of contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  Method of Contribution associated with an event reported in Section L1?  No  Mane of Employer  Hartford  Name of Employer  Hartford Board of Educatio  State  Zip Code  Of 06106-4010  Amount of Contribution associated with an event reported in Section L1?  No  Is contributor a plobyist, spouse, or dependent child of a lobbyist?  No  Is this contribution associated with an event reported in Section L1?  No  No  Method of Contribution associated with an event reported in Section L1?  No  Method of Contribution associated with an event reported in Section L1?  No  Method of Contribution associated with an event reported in Section L1?  No  Method of Contribution associated with an event reported in Section L1?  No  Method of Contribution:  Date Received  Aggregate contributions	Jones			Ro	chelle					
Name of Employer   Information Requested   Name of Employer   Information Requested   Scontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality does at more than \$55,000?   Yes   If so contribution associated with an event reported in Section L1?   Yes   If so contributor a principal of a state contractor or prospective state contractor?   Yes   Yes   If so contributor a principal of a state contractor or prospective state contributions   Section L1?   Yes   If so contribution   Section L1?   Yes   If so contributor is in excess of \$400 to a candidate committee for a chief executive contributions   Section L1?   Yes   If so contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes   So .000   Yes    Residential Street Address		1				Ţ	1 '			
Information Requested  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	16 Richard Ln		Bloomfi				СТ	06002-1	733	
Secontribution associated with answer a contract with said municipality valued at more than \$5,000?   Yes   Yos						ed				
event reported in Section L1?	1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	municipality does contributor	or business		is associated with have	a contract with said	Amour	ıt of Contı	ibution	
Method of contribution:	event reported in Section L1?	If yes, indicate which branch o		or pros	_	✓ No			\$50.00	
Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   08/28/2019   \$50.00	If yes, list Event #		Ex	ecutiv		ative				
Luisa   Luis		t Card Payroll Deduction	]Money Ord	er	1		!			
Residential Street Address 658 Broadview Ter Principal Occupation Special Education  Name of Employer Hartford Board of Educatio  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Date Received  Apprecate contributions	Last Name			Firs					M.I.	
Frincipal Occupation   Special Education   Special Education   Special Education   Hartford Board of Educatio   Hartford Board of Educatio	Joya			Lui	sa				E	
Principal Occupation Special Education    Name of Employer   Hartford Board of Educatio	Residential Street Address		1 '				§	1 '		
Special Education   Hartford Board of Educatio	658 Broadview Ter		Hartford				CI	06106-4	010	
dependent child of a lobbyist?  No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Date Received  Appregate contributions					* '	ucatio				
event reported in Section L1?  If yes, list Event #  Method of contribution:  Story  If yes, indicate which branch or branches of government the contract is with:  Date Received Appregate contributions  \$50.00	1 1 1 1 1 L 1. L	municipality does contributor	or business		is associated with have	a contract with said	Amour	ıt of Conti	ibution	
## ## ## ## ## ## ## ## ## ## ## ## ##	event reported in Section L1?	If yes, indicate which branch o		ог ргоз	pective state contractor	1 cs			\$50.00	
	If yes, list Event #		Ex	ecutiv	eLegisl	ative				
		t Card Payroll Deduction	Money Ord	ler		I ''' '	i			

\$200.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repo.	sitory)		TYPE OF REPORT				
			emanataria de la companio de la companio de la companio de la companio de la companio de la companio de la comp	7th day preceding primary				
ddie Perez for Hartford	c Period (	NI V						
Total Contributions from Small Contributors - Received thi	, i ci iba (		Subtotal Section A	:			\$0.00	
See instructions for definition of Small Contributor)	Contaibu	No.	om Individuals					
	Continu	First	<i></i>				M.I.	
Last Name			riola					
Kelly	1 01	Pati	ICIA		State	Zip Code		
Residential Street Address	City   Bloom	field			CT	06002		
1132 R Blue Hills Avenue Bloomfield Ct	Biodin		of Employer					
Principal Occupation VICE PRESIDENT		Dive	rsified Equus Cor					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribut municipality valued at more	or or busines e than \$5,000	s he/she i ?	s associated with have	No No	Amoun	t of Cont	ribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, indicate which branch branches of government the contract is with:	n or	or or pros Executiv	<b>—</b>	ĺ√ÌNo			\$100.00	
Method of contribution:  Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money C	rder	Date Received 08/30/2019	Aggregate contributions \$300.00				
		Firs					M.I.	
Last Name		Ka	rl					
Krapek	City				State	Zip Code		
Residential Street Address	Avon				CT	06001-	3970	
11 Pembroke Dr Principal Occupation Consultant		Name Self	of Employer	<del></del>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   Yes   If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	stor or busine re than \$5,00	ss he/she 0?	Yes	✓ No	Amou	nt of Con	tribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which branches of government the contract is with:	ch or	tor or pro Executi	<b>—</b> .	Iative No		;	\$1,000.00	
Method of contribution:			Date Received	Aggregate contribution \$1,000.0				
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction	Money		07/26/2019	\$1,000.0	<u> </u>		M.I.	
Last Name		Fir	st					
Krapek		Ka	athleen			Zip Cod		
Residential Street Address	City				State		-3970	
11 Pembroke Dr	Avor				10.			
Principal Occupation Information Requested		Info	ne of Employer ormation Request					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess municipality does contribution. If contribution is in excess municipality does contribution.	outor or busin ore than \$5,0	ess he/sh 00?	Yes Yes	✓ No	Amou	int of Co	ntributioı	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which brain the section L1?	nch or	ctor or pr	ospective state contract	or? ☐ Yes ✓ No			\$1,000.0	
If yes, list Event # V No branches of government the contract is with:	ie	Execut	ive Legi	Slative Aggregate contribution	ns			
Method of contribution:  Cash ✓ Personal Check Credit/Debit Card Payroli Deduction	n Money	Order	07/26/2019	\$1,000.0	00			

SUBTOTAL Section B - This Page         \$2,100.00           TOTAL of Section B Pages         \$27,582.00		
TOTAL of Section B Pages \$27,582.00	SUBTOTAL Section B - This Page	\$2,100.00
		\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$27,582.00  (Enter total on Line 13, Column A of Summary Page	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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	? Name as Registered with Fi				TYPE OF REPORT			
Eddie Perez for Hartford	2000		2,10000 Napada		7th day preceding	primary		
A. Total Contributions from Small Cont (See instructions for definition of Small Contri		Period O	NLY	Subtotal Section /				\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name			Firs			, , , , , , , , , , , , , , , , , , , ,		M.I.
Libert			And	derson				
Residential Street Address		City				State	Zip Code	1405
259 Berry St		Brookly	,			NY	11249-4	1105
Principal Occupation COO			ŧ	of Employer est Properties				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more the	or business !				Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section I.1?  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:		or pros		∐ 1es ✓ No			\$250.00
Method of contribution:  Cash Personal Check ✓ Credit/Debit C		Money Ord		Date Received 08/12/2019	Aggregate contributions \$250.00			
Last Name			First	boanna				M,I.
Lopez			Est	ela				
Residential Street Address		City				State	Zip Code	
235 E River Dr, Apt 902		East Ha				СТ	06108-	5003
Principal Occupation Retired			Name Reti	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more than	or business l				Amoun	it of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or  branches of government the	· _			□ 1es ✓ No	· ·		\$100.00
If yes, list Event #	contract is with:	Ех	ecutiv		Aggregate contributions			
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction	Money Ord	ег	Date Received 08/31/2019	\$100.00			
Last Name			Firs			± .		M.I.
Lozada			Mia	1				
Residential Street Address 146 Affleck St		City Hartford	į			State CT	Zip Code 06106-2	2307
Principal Occupation Front of House Employee			:	of Employer Art Ways				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amour	it of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		ог ргоз	pective state contractor	☐ 1 €2			\$25.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit C	Card Payroll Deduction	] Money Ord	ег	Date Received 08/30/2019	Aggregate contributions \$25.00			

\$375.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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IAME OF COMMITTEE (Provide Complete Name as Registered with Filing	g Reposito	ry)		TYPE OF REPORT			
			and the second of the second o	7th day preceding p	rimary		
ddie Perez for Hartford A. Total Contributions from Small Contributors - Received this Pe	riod ON	LY	16 (18 (18)				}
See instructions for definition of Small Contributor)		S	ubtotal Section A	_			\$0.00
See instructions for definition of small Controller,  B, Itemized Con	ntributio	ns fro	m Individuals				
	and the same of th	First					M.I.
Last Name		Alma					
Maia	City				State	Zip Code	2026
Residential Street Address	Bridgepo	ort			СТ	06606-3	3036
220 Funston Ave Principal Occupation			f Employer	لد			
Information Requested	1		nation Requested				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  Yes If contribution is in excess of \$4 trunicipality does contributor or municipality valued at more than the section L1?  Yes If contribution is in excess of \$4 trunicipality does contributor or municipality valued at more than the section L1?	n \$5,000? contractor o	e/sne is	Yes	✓ No ?	Amoun	it of Cont	**************************************
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:		cutive					•
Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroli Deduction   N	Money Orde	r l	Date Received 07/16/2019	Aggregate contributions \$100.00			M.I.
Last Name		First					101.1.
Maletta		Mici	nael		T 8	Zin Code	<u></u>
Residential Street Address	City				State	Zip Code 06010	
14 Illinois Ave	Bristol					1	
Principal Occupation	ļ	Male	of Employer tta & Company		-1		
Is contributor a lobbyist, spouse, or  Yes  If contribution is in excess of \$\frac{1}{2}\$ dependent child of a lobbyist?  No  municipality valued at more the	or business i an \$5,000?	nc/sne i	Yes	No	Amou	nt of Con	itribution
Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:	·	or pros		lative No			\$250.00
Marked of contribution			Date Received	Aggregate contribution			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		08/28/2019	\$500.0	<u> </u>		M.I.
Last Name		Firs					
Markovits		Yo	chonon		State	Zip Coo	ile
Residential Street Address	City	<u> </u>			NY	1 '	0-8524
17 Dinev Rd, Unit 202	Monroe		e of Employer				
Principal Occupation Self Employed		Self	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of municipality does contributor inunicipality valued at more to	r or business than \$5,000?	ne/sne?	Yes Yes	✓No	Amo	unt of Co	ntributio
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a star   If yes, indicate which branch of branches of government the	or	er er pro Executi	<b>—</b> .	<b>√</b> No			\$250.0
If yes, list Event # contract is with:			Date Received	Aggregate contributio	ns		

SUBTOTAL Section B - This Page \$600.00	
TOTAL of Section B Pages \$27,582.00	
LL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$27,582.00  (Enter total on Line 13, Column A of Summary Page	TOTALO

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NAME OF COMMITTEE (Provide	e Comple	te Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford						7th day preceding	primary		
A. Total Contributions from Sn (See instructions for definition of Sm			Period O	NLY	Subtotal Section /				\$0.00
		B. Itemized C	ontribut	ons f	rom Individuals				
Last Name	Anna Care (10) and (1	Andrew (P. P. Johnson (B. J. 1995) and Albert (P. A. J. 1995) and A. J. Harrison (P. A. J. 1995) and A. J. J. L. J. J. L. J. L. J. J. L. J. L. J. L. J. J. J. L. J. J. J. J. L. J. J	Personal Citizante Indianal / Wardell'	Firs	Consider the control of the control	All of the College of Assertance of the College of	PSABAT TO CALLOW PROCESS, SPITTER	CONTROL DESCRIPTION	M.I.
McQueen				Ch	ance				
Residential Street Address			City				State	Zip Code	
87 Great Hill Rd			Portland	1			СТ	06480-1	1367
Principal Occupation Loan Officer					of Employer ber Home Loans				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more tl	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	∐Yes ZNo	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the contract is with:	г	or pros	-	∐ res ✓ No			\$50.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cr	redit/Debit		Money Ord	er	Date Received 09/01/2019	Aggregate contributions \$50.00			
Last Name				Firs	l		<u> </u>		M.I.
Medero				Ale	exis				
Residential Street Address			City				State	Zip Code	<b></b>
123 Colby St			Hartford	t			СТ	06106-4	1536
Principal Occupation Promoter				l .	of Employer I's Entertainment				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	]Yes ☑No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the	r	-	_	✓ No			\$5.00
Method of contribution:	edit/Debit	Card Payroll Deduction	Money Ord	ecutiv er	Date Received 07/18/2019	Aggregate contributions \$5.00			
Last Name				Firs	t		•		M,I,
Medina				Da	vid				
Residential Street Address 4 Skytop Dr, Apt F			City Croton	On H	udson		State NY	Zip Code 10520-1	1376
Principal Occupation Retired				Name	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	]Yes ∕No	Is contributor a principal of a state  If yes, indicate which branch or		or pros	spective state contractor	? ☐ Yes ☑ No			\$125.00
If yes, list Event #	7 140	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Cr	edit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 07/17/2019	Aggregate contributions \$275.00			

SUBTOTAL Section B - This Page	\$180.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	tory)		TYPE OF REPORT			
Idie Perez for Hartford 7th day preceding primary							
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		, ;	Subtotal Section A				\$0.00
B. Itemized C	Contributi	ons fr	om Individuals				
Last Name		First					M.I.
Medina		Davi	id				
Residential Street Address	City		_		State	Zip Code	1076
4 Skytop Dr, Apt F	Croton				NY	10520-1	3/0
Principal Occupation Retired		Retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business l than \$5,000?	he/she is	associated with have	a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a star of the section L1?  If yes, list Event #  Is contributor a principal of a star of the section L1?  If yes, indicate which branches of government the contract is with:	ог	or prosp	<del></del>	✓ No			\$125.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/20/2019	Aggregate contributions \$275.00			
Last Name		First					M.I.
Medina		Dav	id				
Residential Street Address	City				State	Zip Code	1070
4 Skytop Dr, Apt F	Croton				NY	10520-	13/6
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business than \$5,000?	he/she is	s associated with have	a contract with said  No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a star of the section L1?    Yes   Is contributor a principal of a star of the section L1?    If yes, list Event #   Is contributor a principal of a star of the section L1?    If yes, list Event #   Is contributor a principal of a star of the section L1?	or	or prost		√ No			\$25.00
Method of contribution:	Money Ord	ler	Date Received 08/25/2019	Aggregate contributions \$275.00			
Last Name		First					M.I.
Mele		Lyd	ia				
Residential Street Address	City	45			State CT	Zip Code 06108-	
233 Ellington Rd, Apt 208	East Ha				UI	00100-	1141
Principal Occupation Information Requested		Retir			<b>.</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business than \$5,000?	he/she i	s associated with have	a contract with said  No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st If yes, indicate which branch branches of government the		r or pros		✓ No			\$100.00
If yes, list Event # branches of government the contract is with:	Ez	xecutiv	e Legisl	ative	1		
Method of contribution:  ☐ Cash	Money Ore	der	Date Received 07/20/2019	Aggregate contributions \$100.00			

\$250.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete No	ame as Registered with Filit	ig Reposit	tory)		TYPE OF REPORT			
Eddie Perez for Hartford		, a.a.2			7th day preceding p	rimary		
A. Total Contributions from Small Contrib	outors - Received this P	eriod Ol	VLY					
(See instructions for definition of Small Contribut	(or)		S	Subtotal Section A				\$0.00
	B. Itemized Co	ntributio	ons fra	m Individuals				
Last Name			First					M.I.
Mercado			Miria	m				
Residential Street Address		City				State CT	Zip Code 06106-4	1125
65 Roslyn St		Hartford		en 1		C1	00100-2	120
Principal Occupation		1	Name of Retire	f Employer d				
Retired								
dependent child of a lobbyist?	If contribution is in excess of \$- municipality does contributor o municipality valued at more tha	r business h in \$5,000?	ne/she is	associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is c	contributor a principal of a state	contractor of	or prospe	ective state contractor	? Yes			\$200.00
event reported in Section L17	fyes, indicate which branch or ranches of government the	_		<u> </u>	✓No			
	ontract is with:	Exe	ecutive					
Method of contribution:  ☐ Cash	d Payroli Deduction	Money Ordo	ет	Date Received 07/20/2019	Aggregate contributions \$400.00			
	G Tayson Dediction T	money ord	First	0772072013	<b>\$100100</b>			M.I.
Last Name			Miria					
Mercado		Cir	IVIIII	MIII		State	Zip Code	
Residential Street Address	1	City Hartford	4			CT	06106-	4125
65 Roslyn St Principal Occupation	<u> </u>			of Employer				
Retired			Retire	ed				
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?	If contribution is in excess of \$\frac{3}{2} municipality does contributor of municipality valued at more that	or business l	he/she is	committee for a chief associated with have	executive officer of a a contract with said  No	Amoui	nt of Cont	ribution
Is this contribution associated with an Yes Is o	contributor a principal of a state	contractor	or prosp	ective state contracto	r? Yes			\$100.00
event reported in Section L1?	If yes, indicate which branch or branches of government the				✓No			·
	contract is with:	Ex	ecutive					
Method of contribution:  Cash ✓ Personal Check Credit/Debit Car	rd Payroll Deduction	Money Ord	ter 1	Date Received 08/02/2019	Aggregate contributions \$400.00			
	It I ayron Deduction [	oney era	First	00/02/2010	4 10011	<u> </u>		M.I.
Last Name			Julio	•				
Molleda		City	June			State	Zip Code	,
Residential Street Address		Miami				FL	33126	-8018
7969 NW 2nd St, Apt 344 Principal Occupation			Name	of Employer				
Business Manager			St Ma	alachy church				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she is	committee for a chies s associated with hav Yes	f executive officer of a e a contract with said  No	Amou	nt of Con	tribution
event reported in Section L1?	contributor a principal of a stat	r			☑ No			\$25.0
	branches of government the contract is with:	E	xecutive	e Legis	slative			
Method of contribution:  Cash Personal Check Credit/Debit Ca	ard Payrolf Deduction	Money Or	dor	Date Received 08/08/2019	Aggregate contributions \$50.0	- 1		

\$325.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide	Complete	e Name as	Registered with Fil	ing Reposi	tory)		TYPE OF REPORT			
ddie Perez for Hartford						7th day preceding primary				
Total Contributions from Sm	ıall Cont	tributors	- Received this	Period O	NLY					
see instructions for definition of Sm						Subtotal Section A				\$0.00
iee man actions for definitions sy and			B. Itemized C	ontributi	ons fr	m Individuals				
Last Name			HELD STATE SUST TO AN ADVENTURE OF THE PERSON	SHEATCHEN THE SHEET SHEET	First					M.I.
					Julio					
Molleda Residential Street Address				City	<u> </u>			State	Zip Code	
7969 NW 2nd St, Apt 344				Miami				FL	33126-	5016
Principal Occupation					1	f Employer				
Business Manager						lachy church				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	municij municij	ribution is in excess of pality does contributor pality valued at more the	or business han \$5,000?	he/she is	Yes Yes	No No	Amoun	it of Cont	ribution
Is this contribution associated with an	¬v <sub>on</sub>	Is contribu	ntor a principal of a stat	te contractor	or prosp	ective state contracto	π? Yes			\$25.00
event reported in Section L1?	Yes		ndicate which branch o	Æ		_	✓No	ĺ		
If yes, list Event #	<b>✓</b> No	branches contract	s of government the is with:	E>	cecutive		lative			
Method of contribution:			Payroll Deduction		dor	Date Received 08/30/2019	Aggregate contribution \$50.0			
Cash Personal Check C	redit/Debit	Card	Payroll Deduction	_ Ivioley Of	الليك بالمسارك	08/30/2019	φουλ	~~		M.I.
Last Name					First					
Morrison					Rot	еп		State	Zip Code	<u> </u>
Residential Street Address				City Wethe	rsfield			CT	06109	
101 Brookside Cir				VVCIIC		of Employer			<del></del>	
Principal Occupation Special Police Officer						ord Board of Ed	lucation			
	Yes	TE - cont	taibution is in averse of	f \$400 to a c	andidate	committee for a chie	f executive officer of a	Amou	nt of Cor	itribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ No	munic munic	ipality does contributo ipality valued at more	or or business than \$5,000	s he/she	s associated with hav	✓ No_	_		
Is this contribution associated with an	Yes		outor a principal of a sta		or or pros	pective state contract				\$50.00
event reported in Section L1?	✓ No	If yes, i	indicate which branch s of government the			□ī aai	No Violetium			
If yes, list Event #	<b>•</b>		t is with:		xecutiv		Aggregate contribution			
Method of contribution: Cash Personal Check	Cdie/Dabi	:	Payroll Deduction	Money O:	rder	Date Received 08/09/2019	\$55.			
	_tedit/Den	iccaro L			Firs					M.I.
Last Name					Jol					
Motto				City	100			State	Zip Coo	
Residential Street Address				1 -	Spring	field		MA	01089	9-1507
86 Hale St Principal Occupation					Nam	of Employer				
Information Requested						ners for Commi				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	muni muni	cipality does contributed at more	or or busine: e than \$5,000	ss he/she 0?	Yes Yes	ef executive officer of a ve a contract with said  No	Amou	int of Co	ntributio
is this contribution associated with an event reported in Section L1?	Yes	i	butor a principal of a s indicate which branch		tor or pro	spective state contrac	otor?			\$125.0
If yes, list Event #	✓ No	branch	nes of government the ct is with:		Executi		islative Aggregate contribut	ions		
Method of contribution:						Date Received	ARKITEKSIE COMITOUR	5.00		

\$200.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Fili	ng Reposit	tory)		TYPE OF REPORT			
ddie Perez for Hartford 7th day preceding			orimary					
A. Total Contributions from Small Contribu	itors - Received this P	eriod Of	NLY.					,,
See instructions for definition of Small Contributo				Subtotal Section A				\$0.00
	B. Itemized Co	ntributi	ons fr	om Individuals	as the resemble of the last			
Last Name			First					M.I.
Mullen			Jim .	And Mari				
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
17 Inglewood Rd		Asheville	е		1	NC	28804-1	633
Principal Occupation				of Employer				
Retired			Retire			<u> </u>		,
dependent child of a lobbyist?	contribution is in excess of \$4 unicipality does contributor of unicipality valued at more that	r business h	didate o e/she is	committee for a chief e associated with have a Yes	xecutive officer of a a contract with said No	Amoun	t of Conti	ribution
	ntributor a principal of a state	contractor of	ог prosp	ective state contractor	Yes Yes			\$250.00
event reported in Section L1:	es, indicate which branch or nches of government the				✓ No			*200.00
	tract is with:	Exe	ecutive		tive			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde	er	Date Received 08/13/2019	Aggregate contributions \$250.00			
Last Name			First					M.I.
Muniz			Rob	erto				
Residential Street Address		City				State	Zip Code	1047
59 Valley View Dr		Rocky I				СТ	06067-	1247
Principal Occupation Maintenacne				of Employer Building Valen				
dependent child of a lobbyist?	Contribution is in excess of \$ nunicipality does contributor o nunicipality valued at more tha	r business l	ndidate ( he/shc is	committee for a chief of a ssociated with have to Yes	executive officer of a a contract with said	Amoun	it of Cont	ribution
event reported in Section L1?	ntributor a principal of a state res, indicate which branch or nones of government the		or prosp		✓ No			\$100.00
	ntract is with:		ccurve	Date Received	Aggregate contributions			
Method of contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	er	07/31/2019	\$100.00			
Last Name			First					M.I.
Muniz-Poland			Jes	se				
Residential Street Address		City				State	Zip Code	
185 Pine St		Manche				СТ	06040-	3004
Principal Occupation Information Requested				<sub>of Employer</sub> mation Requeste	d			, <u>.</u>
dependent child of a lobbyist?	f contribution is in excess of \$ nunicipality does contributor on nunicipality valued at more th	or business an \$5,000?	he/she i	s associated with have	a contract with said  No	Amour	nt of Cont	ribution
event reported in Section L1?	ontributor a principal of a state		or pros	pective state contractor	□ . •-			\$240.00
No bra	nnches of government the ntract is with:		ecutive					
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	ler	Date Received 08/10/2019	Aggregate contributions \$240.00	)		

\$590.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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AME OF COMMITTEE (Provide Complete Name as Registers visit from State (Press of New York) (Press of New Yo	ed January 2015					TYPE OF REPORT			
Total Contributions from Small Contributors   Substitute   Section	ME OF COMMITTEE (Provide Complete	as Registered with Filin	ig Reposito	ry)			rimary		
Sections   Section   Sec	lie Perez for Hartford					rinday processing p	, printer,		
Seather   Seat		rs - Received this P	eriod ON	LY St	ibtotal Section A		Sandrine and Shipping		\$0.00
First   Preston   Presto	Mistructions for depriment of	B. Itemized Co	ntributio	ns fro	m Individuals	SUR QUENCAMO ERGE		<del></del>	
Residential Street Address 51 Hardring Ave Principal Occupation Construction  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If contribute a principal Occupation Contract is with:  Method of contribution:    Name of Employer   Penney's Construction						· · · · · · · · · · · · · · · · · · ·			M.I.
State   Address   State   Address   State   Address   State   Address   State   Address   State   Address   State   Address   State   Address   State   Address   State   Address   State	st Name			Presto	on				
Bloomfield   Street Address   Bloomfield   Street Address   State			i_						
Name of Employer   Penney's Construction   Name of Employer   Penney's Construction   Securitivator a lobbyist, spouse, or dependent child of a lobbyist?   No   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality duces at more than \$5,000?   Yes   No   No   Yes				ld			CT	06002-38	326
Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does countribut or or business he/she is associated with have a contract with said municipality valued at more than \$5,000?   Yes   No   No   If yes, indicate which branch or branches of government the contract is with:   Secontribution associated with an event reported in Section L1?   No   If contribution associated which branch or branches of government the contract is with:   Date Received   Matthew					Employer		<u></u>		
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality salued at more than \$5,000?    Statis contribution associated with an event reported in Section L1?   No			l F	Penne	y's Constuction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Secontributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes   Ye	onstruction		1			vecutive officer of a	4	4 of Contri	ibution
Is this contribution associated with anYes event reported in Section L1?    Yes	COMMONION & ROCOSTON, SPENION,	icinality does contributor o	r business he	andate co e/she is a	issociated with have a	a contract with our	Amoui	It of Contr	Dution
## State CT Description of a lobbyist, spouse, or dependent child of a lobbyist?    State CT Description of the contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?    If yes, list Event #				r prospe	ctive state contractor	? Yes	ļ	9	\$100.00
Method of Contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   O8/20/2019   S100.00	vent reported in Section L1?	indicate which branch or nes of government the				✓ No		· ·	,,,,,,,,,
Last Name   Nemerson   City   Personal Cleek   City   Code   CT   O6511-13	fethod of contribution:				Date Received 08/20/2019	Aggregate contributions \$100.00	)		
Nemerson  Residential Street Address 35 Huntington St Principal Occupation Energy executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Method of Contr	Cash Personal Check Credit/Debit C	I ayron Deditorion			1				M.I.
Residential Street Address 35 Huntington St Principal Occupation Energy executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  City New Haven  Name of Employer Budderfly Inc  Amount of Contributor of a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes Vo  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received O7/20/2019  Aggregate contributions First Matthew  Matthew	ast Name				h				ł
Residential Street Address 35 Huntington St Principal Occupation Energy executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Name of Employer Budderfly Inc  Name of Employer Budderfly Inc  Amount of Contribution of a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, list event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Payroll Deduction Money Order  Matthew  CT  06511-13  Amount of Contribution of Employer Budderfly Inc  Executive officer of a chief executive officer of a chief executive activities associated with have a contract with said with have a con	lemerson			Man	new		State	Zip Code	
Name of Employer   Budderfly Inc	lesidential Street Address			u com				06511-1	332
Principal Occupation Energy executive  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  Budderfly Inc  Amount of Contri  Amount of Contribution or principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or principal of a state contractor or prospective state contractor?  If yes, indicate which branch or principal of a state contractor or prospective state contractor?  If yes, indicate which branch or principal of a state contractor or prospective state contractor?  If yes, indicate which branch or principal of a state contractor or prospective state contractor?  If yes, indicate which branch or principal of a state contractor?  If yes, indicate which branch or principal of a state contractor?  If yes  If contribution is in excess of \$400 to a candidate committee for a chief executive activity and a contract with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a state contractor?  Yes  If yes, indicate which branch or principal of a sta	35 Huntington St				EE-valouer		<u> </u>	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor a sosciated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  If yes, indicate which branch or branch or branches of government the contract is with:  Date Received O7/20/2019  \$750.00	rincipal Occupation		Ì						
dependent child of a lobbyist?    Is this contribution associated with an event reported in Section L1?   Is contributor a principal of a state contractor or prospective state contractor?   Yes event reported in Section L1?   Is contribution a principal of a state contractor or prospective state contractor?   Yes event reported in Section L1?   Is contribution a principal of a state contractor or prospective state contractor?   Yes event reported in Section L1?   Is contribution a principal of a state contractor or prospective state contractor?   Yes event reported in Section L1?   Is contribution a principal of a state contractor or prospective state contractor?   Yes   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative   Legislative   Date Received   Aggregate contributions   O7/20/2019   \$750.00      Last Name   First   Matthew	Energy executive	<u></u>			-		Τ		•••
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event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative  Aggregate contributions  07/20/2019  \$750.00	1 25			or prosp	ective state contracto	or? Yes	ļ		\$500.0
If yes, list Event # Executive Legislative  Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Last Name  Executive Legislative  Date Received 07/20/2019 \$750.00	s this contribution associated with an Yes								••
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Cash Personal Check Credit/Debit Card Payroll Beduction Minutely Great V/12012010  Last Name First Matthew		act is with:			Date Received				
Last Name First Matthew		Payroll Deduction	Money Ord	ler	07/20/2019	\$750.0	0		1
Matthew				First		<del></del>			M.I.
	Last Name			Mat	thew				
Nemerson State Zip Code	Nemerson		City				State		
Residential Street Address Ctty New Haven CT 06511-1	Residential Street Address			aven			CT	06511-	1332
35 Huntington St Name of Employer	35 Huntington St		1		of Employer				
Principal Occupation Budderfly Inc.				Budo	derfly Inc				
I Fnergy executive	Energy executive			1		f executive officer of a	1	t of Con	tributio
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  V No  Inunicipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No	15 COMMIDMON a nondylat, abouted or	unicipality does contributo unicipality valued at more	r or business than \$5,000	ne/sne i	Yes Yes	✓No	Amo	unt of Con	ti inario
Is this contribution associated with an Yes	Is this contribution associated with an Yes	ntributor a principal of a sta	ate contracto	r or pros	spective state contract				\$250.
No branches of government the Executive II egislative	I <b>√</b> No	es, indicate which oranich nches of government the		ivecutiv	re. Til.egi	slative	İ		
Hyes, list Event # contract is with:	If yes, list Event #	tract is with:		uiiv	<del></del>		ns		
Method of contribution:    Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Date Received   Aggregate contributions   \$750.00		Payroll Deduction	Money O	rder					

\$850.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford	and the state of t	tongs to manage to make 37 is 20 in	campion and	(1) kanggustangan in kangsah di hanggunan 2009 (1) Pagabah mag	7th day preceding primary			2010/10/2011
A. Total Contributions from Small Contributors - Received this Period ONLY				-				
(See instructions for definition of Small Con	ntributor)			Subtotal Section	Δ			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		INESSACIONAMINANTA	First			COLORGIA NO CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE		M.I.
Ness			Boi	osie				**********
Residential Street Address		City	J			State	Zip Code	1
5716 Willow Creek Ln		Delray l	Beacl	า		FL	33484-6	6939
Principal Occupation			l	of Employer				
Retired			Retii	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		ог ргоз	pective state contracto	r? Yes			\$100.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	eLegisl	ative No			Ψ100.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Del		Money Ord	er	Date Received 08/20/2019	Aggregate contributions \$100.00			
Last Name			First	<u> </u>		<u> </u>		M.t.
Ocampo			He	ctor				
Residential Street Address		City				State	Zip Code	
36 Hopewell Rd		South 6				СТ	06073-2	2333
Principal Occupation Information Requested			Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or					\$30.00		
If yes, list Event #	branches of government the contract is with:	□Ex	ecutiv		ative No			
Method of contribution:  ✓ Cash Personal Check Credit/Del	oit Card Payroll Deduction	Money Ord	er	Date Received 07/18/2019	Aggregate contributions \$30.00			
Last Name			First					M,I,
Ohazo			Brie	en				
Residential Street Address 225 S Whitney St		City Hartford				State CT	Zip Code 06105-3	3001
Principal Occupation Health Investigator				of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contracto	∐ i es			\$10.00
If yes, list Event #	branches of government the contract is with:	☐ Ex	ecutiv					
Method of contribution:  Cash Personal Check Credit/Det	oit Card Payroll Deduction	Money Orde	er	Date Received 08/27/2019	Aggregate contributions \$10.00			

\$140.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple)	te Name as Registered with Fili	ing Reposi	tory)		TYPE OF REPORT		1000	
Eddie Perez for Hartford					7th day preceding p	rimary		
A. Total Contributions from Small Con	tributors - Received this I	Period O	NLY					
(See instructions for definition of Small Contr				Subtotal Section A				\$0.00
per minute complex agriculture of the complex ag	R. Itemized Co	ontributi	ons fr	om Individuals				
Last Name			First					M.I.
Pabon			Julio	)				
Residential Street Address		City				State	Zip Code	
143 E 150th St		Bronx			<u></u>	NY	10451-5	250
Principal Occupation		.,		of Employer				
Self Employed			Moriv	/ivi LS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l ian \$5,000?	he/she i	s associated with have Yes	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  V No  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch or branches of government the contract is with:	·	or pros		□No			\$25.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit		Money Ord	ег	Date Received 08/24/2019	Aggregate contributions \$25.00			
Last Name			First					M.I.
Pagan			Ros	sa				
Residential Street Address		City				State	Zip Code	
302 Maple Ave		Hartford	d			СТ	06114-	1046
Principal Occupation Information Requested			Infor	of Employer mation Requeste				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more ti	or business han \$5,000?	he/she	is associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Yes  Yes	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	ı.	or pros	<b></b>	✓No			\$500.00
Method of contribution:  Cash Personal Check Credit/Debi		Money Or	der	Date Received 07/31/2019	Aggregate contributions \$500.00		<u></u>	
Last Name		· · · · · · · · · · · · · · · · · · ·	Firs	t				M.I.
   Paindiris			Nic	holas				
Residential Street Address		City				State CT	Zip Code 06033-	
119 Butler Dr		Glasto		- CD - I		01	00000	
Principal Occupation Attorney			Brov	e of Employer wn Paindiris & Sc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	r or business than \$5,000	he/she	is associated with have	No No	Amou	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  Yes  No	Is contributor a principal of a sta	or			□No			\$250.00
If yes, list Event #	branches of government the contract is with;	E	xecutiv			-		
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroli Deduction	Money Or	der	Date Received 07/23/2019	Aggregate contributions \$250.00			

\$775.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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Second Contributions from Small Contributions   Second Contributions   Supplied Section	NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fil	ling Reposi	tory)	68.67.67.67.67.43.07	TYPE OF REPORT			
Subtractions for Adminion of Small Contribution   Subtractions For Adminion of Small Contributions From Individuals	Eddie Perez for Hartford					7th day preceding p	rimary		
First   Joseph   Jo			Period O	NLY	Subtotal Section A				\$0.00
Passaretti Jr.   Joseph   State   Zip Code   CT   OB492-5117	Managaran na managaran da karan B. Itemized C	ontributi	ons fi	rom Individuals					
Retidential Sireat Address   City   Wallingford   State   Zip Code   Throughal Occupation   Name of Employer   Montafferam & May, LLP      Le contribution associated with an   Yes event reported in Section L1?   Yes     If contribution is in excess of \$400 to a candidate committee for a chief excentive officer of a part of the contribution associated with an	Last Name			First					M.I.
Wallingford   Wallingford	Passaretti Jr.			Jos	eph				
Summon of Employer   Name of Employer   Montstream & May, LLP	Residential Street Address			1				-	447
Tecentributer a fieblysist, aposus, or dependent child of a lobbysist?   Yes outributed is in excess of \$400 to a candidate committee for a child executive officer of a municipality does contributed or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	5 Lincoln Dr		Wallingt				CT	06492-5	117
Second contribution associated with an event reported in Section L1?   No   It is contribution associated with an event reported in Section L1?   No   It is contributed at more than \$\$.000?   Person   No   Yes				Mon	tstream & May, L				
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Method of contribution:   Cash   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   Money Or	event reported in Section L1?	If yes, indicate which branch of branches of government the	r			✓ No			\$250.00
Residential Street Address   Paul   State   Zip Code   O6001-3961	Method of contribution:	l	Money Ord	er	<b>:</b> I				
Residential Street Address 2 Thistle Holw 2 Thistle Holw 3 Name of Employer Self Employed    State   CT   Debut   Debu	Last Name			First					M,I.
Residential Street Address 2 Thistle Holw Principal Occupation Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a sesciated with an event reported in Section L1?  Is this contributor or business he/she is associated with law a contract with said municipality valued at more than \$5,000?  Is this contributor or business he/she is associated with law a contract with said municipality valued at more than \$5,000?  Is this contributor or business he/she is associated with law a contract with said municipality valued at more than \$5,000?  Is this contributor a lobbyist, spouse, or dependent child of a lobbyist?  Principal Occupation Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Is this contributor a sosciated with an event reported in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a numicipality valued at more than \$5,000?  No  Is this contributor a sosciated with an event reported in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a numicipality valued at more than \$5,000?  No  Is this contributor a sosciated with an event reported in Section L1?  Yes, list Event #  No  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes, indicate which branch or branches of government the contract is with:  Date Received  Agaregate contributions  Amount of Contribution of the principal of a state contractor or prospective state contractor.  Yes, indicate which branch or branches of government the contract is with:  Date Received  Agaregate contributions  Aparegate contributions  Amount of Contributio	Pendergast			Pau	ul				
Same of Employer   Self Employed   Self Empl			City						
Self Employed   Self Employe	2 Thistle Holw		Avon				СТ	06001-3	961
State   City   Avon   State   City   Avon   State   City   Avon   State   City   Avon   State   City   Avon   State   City   Avon   State   City   Avon   State   Consultant   Steepheld of a lobbyist, spouse, or dependent child of a lobbyist?   No   Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?   Yes				i					
event reported in Section L1?    ff yes, indicate which branch or branches of government the contract is with:   Method of contribution:	1 1 1 1 1 2 2 1 1 1 1 2 2	municipality does contributor	or business	ndidate he/she	is associated with have	a contract with said	Amoun	it of Conti	ribution
Method of contribution:    Cash	event reported in Section L1?	If yes, indicate which branch o branches of government the	ır			✓ No			\$100.00
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Residential Street Address 2 Thistle Holw Principal Occupation Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  City Avon  Name of Employer Self Employed  Name of Employer Self Employed  Amount of Contribution  State Cip Code CT 06001-3961  Amount of Contribution  State Cip Code CT 06001-3961  Amount of Contribution  State Cip Code CT 06001-3961  Amount of Contribution  State Cip Code CT 06001-3961  Amount of Contribution  Self Employed  Legislative  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed  Amount of Contribution  Self Employed	Last Name		- ""	Firs	(				M.I.
2 Thistle Holw  Principal Occupation Consultant  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of contribution:  Name of Employer Self Employed  Name of Employer Self Employed  Amount of Contribution associated with have a contract with said municipality valued at more than \$5,000?  Yes  Yes  Yes  Yes  Yes  Yes  Amount of Contribution  Legislative  Date Received  Aggregate contributions  SECOLOR  S	Pendergast			Pa	ul				
Self Employed									3961
dependent child of a lobbyist?  No	•			Self	Employed				
event reported in Section L1?  If yes, list Event #  Method of contribution:  Per Supers, indicate which branch or branches of government the contract is with:  Date Received Aggregate contributions  Per Superson Contributions  Aggregate contributions	1 1 1 1 1 1 6 1 1 1 1 1 1 1	nunicipality does contributor municipality valued at more t	r or business than \$5,000?	he/she	is associated with have	a contract with said  No	Amour	it of Cont	ribution
Method of contribution:  Method of contribution:  Date Received  Aggregate contributions	event reported in Section L1?	If yes, indicate which branch of	or			✓No			\$250.00
	If yes, list Event #  Method of contribution:	contract is with:	<del></del>		Date Received	Aggregate contributions			

\$600.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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pository)	TYPE OF REPORT			
STANDARD STA	7th day preceding r	orimary		
A ONLY				
Subtotal Secti	ion A			\$0.00
	Belle VECSE			
	410			M.I.
First				
Epifanio		- Ct-to	Zin Code	
	•			4135
			00.00	
ness he/she is associated with 000? Yes	No No	Amoun	it of Cont	ribution
	✓No			\$200.00
	l Aggregate contributions			
	4000 00	ગ		<del></del>
First				M.I.
Thomas				
		State	Zip Code	
		CT	06040	-6794
Self Employed				
U. 1	a chief executive officer of a	T4	nt of Cor	tribution
5,000? Siness he/she is associated with	No No	Amou	nt or con	(I IDutio
ractor or prospective state co	ontractor? Yes			\$100.0
	<b>√</b> No			
Executive	Legislative			
	d Aggregate contribution	15		
ey Order 08/19/201	9 \$100.0	<u>'U</u>		i M.I.
First	_			IVI.I.
Moses				
		State	Zip Cod	ie
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Name of Employer				
Information Red	quested			
Les a condidate committee for	a chief executive officer of a	Amoi	unt of Co	ntributio
usiness he/she is associated w 55,000? Yes	S No		ant of Co	
ntractor or prospective state c	contractor? Yes			\$25.
	✓ No			
Executive		_		
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Date Receivement O7/18/20	405			
	First Epifanio  tford  Name of Employer Local 326  of a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for a candidate committee for ca	Th day preceding red ONLY  Subfotal Section A  butions from Individuals  First Epifanio  Name of Employer Local 326  of a candidate committee for a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a chief executive officer of a siness he/she is associated with have a contract with said 5,000?    Name of Employer   Yes   No	Th day preceding primary  d ONLY Subtotal Section A  butions from Individuals  First Epifanio  To a candidate committee for a chief executive officer of a ciness he/she is associated with have a contract with said only only only only only only only only	Th day preceding primary  d ONLY Subtotal Section A  butions from Individuals    First   CT   COde

\$325.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
	(Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fil.	ing Reposi	tory)		TYPE OF REPORT			
Eddie Perez for Hartford					7th day preceding ן	orimary		
A. Total Contributions from Small Con See instructions for definition of Small Cont	tributor)			Subtotal Section A				\$0.00
	B. Itemized Co	ontributi	ons fr	om Individuals				M.I.
Last Name			First					IVI.I.
Ramesis			Avile	eses				
Residential Street Address		City				State	Zip Code 06450-7	7733
40 Ridgefield St		Merider				СТ	00450-7	733
Principal Occupation Information Requested			Inform	of Employer nation Requeste				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l han \$5,000?	he/she is	associated with have	No No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Ves  No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or prosp	F-1	✓ No			\$40.00
Method of contribution:  Cash Personal Check Credit/Deb		Money Ord	ler	Date Received 07/18/2019	Aggregate contributions \$40.00			
Last Name			First					M.I.
Richardson			Ricl	h				
Residential Street Address		City	1			State	Zip Code	
348 Bellevue St		Hartfor	d			СТ	06120-	2106
Principal Occupation Child Care			Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more t	r or business than \$5,000?	he/she i	Yes	No No	Amour	nt of Con	tribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which branch o  branches of government the  contract is with:	ог	r or pros xecutiv	<b>-</b>	VNo	E		\$5.00
Method of contribution:  Cash Personal Check C Credit/De	<u> </u>	Money Or	der	Date Received 08/07/2019	Aggregate contribution: \$5.0	_		
Last Name			First	deline				M.I.
Rivera Residential Street Address		City				State	Zip Cod	
121 Milldale Ave		Plants	ville			CT	06479	-1620
Principal Occupation Information Requested				of Employer rmation Request	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contribute municipality valued at more	or or busines than \$5,000	s hc/she ?	is associated with hav	No No	Amou	nt of Cor	ıtributio
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a st  If yes, indicate which branch branches of government the	OF			✓ No			\$20.0
If yes, list Event #	contract is with:		ecutiv		Aggregate contribution	ns		
Method of contribution:  ✓ Cash Personal Check Credit/Do	ebit Card Payroli Deduction	Money O	rder	Date Received 07/17/2019	Aggregate controllion \$20.0			

\$65.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford		Common Processin Not and State State of	m. Hood W. Green		7th day preceding	primary		
A. Total Contributions from Small C (See instructions for definition of Small Co		Period O	NLY	Subtotal Section	A			\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name	adam minyamin (alah 4,900 (yalin 6,600 ) 10 dengan (alah (2005) (yalin 6,000 ) 10 dengan (alah (2005) 19 gener	See and the control of the control o	First	7(Amagina 217) (Brasses S. Hiller (241) (1798) (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	A STATE OF THE STA			M,I.
Robles			Edv	win				
Residential Street Address		City				State	Zip Code	1004
164 Glendale Ave		Hartford	,			CT	06106-3	5004
Principal Occupation Information Requested				of Employer mation Request	ted			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the	г	or pros		✓ No	Advantage de la constanta de l		\$100.00
Method of contribution: Cash Personal Check Credit/De	contract is with:	Money Ord		Date Received 08/10/2019	Aggregate contributions \$100.00	erotentore roses estados estad		
Last Name			First	l		•		M.I.
Robles			He	ctor				L
Residential Street Address		City				State	Zip Code	
142 Yale St		Hartford				СТ	06106-4	1525
Principal Occupation Truck Driver			JB F	of Employer funt				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	mumicinality does contributor	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch o branches of government the contract is with:	r _	or pros	-	✓ No	\$100.0		\$100.00
Method of contribution:  ☐ Cash		Money Ord	er	Date Received 08/17/2019	Aggregate contributions \$100.00	le E		
Last Name			Firs	l .				M.I.
Rodriguez			Ant	tonio				
Residential Street Address 13 Haviland Rd		City Bloomfi	ield			State CT	Zip Code 06002-3	3422
Principal Occupation Executive				of Employer iel Penn Associ	ates, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business				Amour	it of Cont	ribution
ls this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch of branches of government the	r _	•	_	V 1es □No			\$200.00
If yes, list Event #	contract is with:	Ex	ecutiv	<u> </u>	slative			-
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Ord	ler	Date Received 08/30/2019	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide	e Complet	e Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT			
Eddie Perez for Hartford						7th day preceding	primary		
A. Total Contributions from Su (See instructions for definition of Su			Period O		Subtotal Section A				\$0.00
		B. Itemized C	ontributi	ons fi	om Individuals				
Last Name			,	First					M.I.
Martinez				Jua	n				
Residential Street Address	·		City	_			State	Zip Code	
109 Tredeau St			Hartford				СТ	06114-2	843
Principal Occupation Owner				i .	of Employer nation Requeste	d		_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	□Yes ☑No	Is contributor a principal of a stat  If yes, indicate which branch or  branches of government the	· _	or prosp		∐ Yes ✓ No			\$150.00
Method of contribution:	redit/Debit	contract is with:  Card Payroll Deduction	Money Ord	T	Date Received 08/24/2019	Aggregate contributions \$150.00			
Last Name				First		*****			M.I.
Martinez				Rola	ando				
Residential Street Address			City				State	Zip Code 06426-1	220
1 Eagle Ridge Dr			Essex	3.7	CD 1		СТ	00420-1	330
Principal Occupation Psychologist				Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	]Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	? ☐ Yes ☑ No			\$100.00
If yes, list Event#	A 140	branches of government the contract is with:	Ex-	ecutive	Legisl	ative VIVO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Co	redit/Debit (	Card Payroll Deduction	Money Ord	cf	Date Received 07/11/2019	Aggregate contributions \$100.00			
Last Name				First					M.I.
McCann				Antl	nony				
Residential Street Address			City Hartford	1			State CT	Zip Code 06120-1	034
87 Tower Ave Principal Occupation			Tidition		of Employer		<u> </u>	00120	
Upscale Security Professional		_			tra Security				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1?	res	Is contributor a principal of a stat  If yes, indicate which branch or		or prost	occtive state contractor	□ 163			\$50.00
If yes, list Event #	✓ No	branches of government the contract is with:	Ex	ecutive	E Legisl	ative No			
Method of contribution: Cash Personal Check C	redit/Debit	Card Payroll Deduction	Money Orde	ст	Date Received 08/21/2019	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford					7th day preceding	primary		
A. Total Contributions from Small Co (See instructions for definition of Small Con-		Period O	NLY	Subtotal Section A				\$0.00
	B, Itemized C	ontributi	ions f	rom Individuals				0.0000000000000000000000000000000000000
Last Name		, , , , , , , , , , , , , , , , , , , ,	First					M.I.
Rodriguez			Da	niel				
Residential Street Address		City				State	Zip Code	
118 Henry St		Hartford	·····			СТ	06114-	1736
Principal Occupation Engineer			1	of Employer of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If was, list Event #	is contributor a principal of a state  If yes, indicate which branch or  branches of government the	r	or pros	_	✓ No			\$25.00
Method of contribution:  Cash Personal Check Credit/Del	contract is with:	Money Ord		Date Received 08/31/2019	Aggregate contributions \$25.00			
Last Name			First					M.I.
Rodriguez			Jos	e L				
Residential Street Address		City				State	Zip Code	
140 Kane St, # D-1		West H				СТ	06119-2	2197
Principal Occupation NA			Name NA	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch of branches of government the	г	-	_	∐ les ✓ No			\$200.00
If yes, list Event #	contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Del	oit Card Payroll Deduction	Money Ord	er	Date Received 08/27/2019	Aggregate contributions \$200.00			
Last Name Rodriguez			First Jua					M.I.
Residential Street Address 4 Austin St		City New Br	itain			State CT	Zip Code 06051-2	2816
Principal Occupation Fireman			1	of Employer Dept			,	
Is contributor a fobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat  If yes, indicate which branch of		or pros	pective state contractor	<u> </u>			\$300.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution:  ☐ Cash	oit Card Payroll Deduction	Money Ord	er	Date Received 07/13/2019	Aggregate contributions \$700.00			

\$525.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Eddie Perez for Hartford		Antoning a later page		7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ons f	rom Individuals				
Last Name		First					M.I.
Rodriguez		Kai	thy				
Residential Street Address	City	*			State	Zip Code	<u> </u>
576 Main St	Hartford	1			СТ	06103-2	2911
Principal Occupation Information Requested			of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?    Yes   If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state contracto	L i es	¥		\$50.00
If yes, list Event # Value branches of government the contract is with:	Exe	ecutiv			***************************************		
Method of contribution:    Credit/Debit Card   Payroll Deduction   Money Orde	er	Date Received 08/09/2019	Aggregate contributions \$50.00	www.			
Last Name		First					M.I.
Rosa		Pet	er		1		
Residential Street Address	City Avon				State CT	Zip Code 06001-5	5400
13 Cavendish PI Principal Occupation	AVUII	Nome	of Employer		C1	00001-0	7100
Program Officer			ford Foundation				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business I				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state contractor	1 es			\$200.00
If yes, list Event # branches of government the contract is with:	present.	ecutiv	eLegisl	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 07/16/2019	Aggregate contributions \$200.00			
Last Name		First					M.I.
Sachdev		No	rma				
Residential Street Address 960 Kennedy Rd	City Windso	r			State CT	Zip Code 06095-1	1931
Principal Occupation Information Requested		1	of Employer mation Requeste	d		<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of a municipality does contributor of municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or		or pros	pective state contracto	i es		\$	1,000.00
If yes, list Event # Do branches of government the contract is with:	Exc	ecutiv					
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 07/23/2019	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Eddie Perez for Hartford				7th day preceding	orimary		
A. Total Contributions from Small Contributors - Received the	his Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemize	d Contributi	ions fr	om Individuals				
Last Name		First					M.I.
Sánchez		Frai	nces				
Residential Street Address	City	.,!			State	Zip Code	
PO Box 553	Aguirre				PR	00704-0	1553
Principal Occupation			of Employer				
Teacher		Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in exces municipality does contribution is in exces municipality does contribution is in exces municipality valued at more than the contribution is in exces municipality valued at more than the contribution is in exces municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality.	utor or business	ndidate he/she i	committee for a chief es s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a ffyes, indicate which bran branches of government the	ch or		_	✓ No			\$300.00
If yes, list Event # contract is with:	Ex	ecutive					
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	ı Money Ord	ler	Date Received 07/10/2019	Aggregate contributions \$300.00			
Last Name		First					M.I.
Santiago		Raf	aei				
Residential Street Address	City			10.1	State	Zip Code	
137 Bedford St	Hartford	d			СТ	06120-2	2558
Principal Occupation Altorney		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess municipality does contribution.	utor or business	ne/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  If John  If yes, indicate which bran	ich or	or pros	pective state contractor	<sup>?</sup> ☐ Yes ✓ No			\$10.00
If yes, list Event # branches of government the contract is with:	е <u>Б</u> Е	cecutiv		ative			
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Oro	der	Date Received 08/10/2019	Aggregate contributions \$10.00		***	
Last Name		First			-	_	M,I.
Santos		Lea	andro				
Residential Street Address	City				State	Zip Code	
41 Byrd Rd	Wether	rsfield			CT	06109-	3006
Principal Occupation Information Requested		1	of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or Yes If contribution is in exceed the pendent child of a lobbyist? In No West If contribution is in exceed the municipality does contributed at municipality valued at municipality.	outor or business ore than \$5,000?	he/she	is associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of fyes, indicate which branches of government the branches of government the first branches of government the government the fi	neh or			✓ No			\$500.00
If yes, list Event # contract is with:	E	xecutiv		ative	_		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Or	der	Date Received 08/09/2019	Aggregate contributions \$500.00	1		

\$810.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections: A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registers	ed with Fili	ng Reposit	tory)		TYPE OF REPORT			
Eddie Perez for Hartford	******				7th day preceding	primary		
A. Total Contributions from Small Contributors - Recei	ved this P	eriod Ol	NLY	and Elleway Co.				
(See instructions for definition of Small Contributor)				Subtotal Section A	Š.			\$0.00
	mized Co	ntributio	ons fr	om Individuals				
Last Name		1,110,000,000,000,000	First	Simple (1) to a signature assured (1) and (2) three deep to a signature (1) and (2)				M.I.
Simpson			Ron	ald				Α
Residential Street Address		City	1			State	Zip Code	
314 Holcomb St		Hartford				СТ	06112-1	1327
Principal Occupation				of Employer	لد			
Information Requested			Inforr	nation Requeste	90			
dependent child of a lobbyist?	contributor of d at more tha	r business h ın \$5,000?	e/she is	committee for a chief associated with have	a contract with said  No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of the section L1?  If yes, indicate which is the section L1?		contractor of	or prosp	ective state contractor				\$500.00
If yes, list Event # No branches of governm contract is with:		☐ Exe	ecutive	Legisl				
Method of contribution: ☐ Cash	duction [	Money Orde	er	Date Received 08/27/2019	Aggregate contributions \$500.00			
Last Name			First			•		M.i.
Sinclair			Riel	nad				
Residential Street Address	1	City	<u></u>			State	Zip Code	
26 Miller Ter		Windsor	r Lock	(S		СТ	06096-	2706
Principal Occupation Information Requested				of Employer nation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No If contribution is in municipality does municipality value	contributor o	r business l	ndidate he/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a princi  If yes, indicate whith the pranches of governments of governments.	ch branch or	contractor	or prosp	pective state contracto	r?			\$50.00
If yes, list Event # V No branches of government on track is with:	nent me	Exe	ecutive		ative			
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card Payroll De	eduction [	Money Orde	er	Date Received 07/18/2019	Aggregate contributions \$50.00			
Last Name			First					M.I.
Singh			Suk	hwinder				
Residential Street Address	***************************************	City				State	Zip Code	
158 Newington Rd, Apt 105		West H	-			СТ	06110-	2351
Principal Occupation Information Requested				of Employer mation Requeste	ed			
	contributor o	or business l		committee for a chief s associated with have Yes	executive officer of a contract with said	Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principle of the section L1?  If yes, indicate which is the section L1?	_		or pros	pective state contracto	□ 103			\$50.00
If yes, list Event #			ecutive	eLegis	lative No			
Method of contribution:  Cash  Personal Check  Credit/Debit Card  Payroll Debit Card	eduction	Money Ord	er	Date Received 08/14/2019	Aggregate contributions \$50.00	1		

\$600.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Reposi	itory)		TYPE OF REPORT			
Eddie Perez for Hartford				7th day preceding	primary		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	ıA			\$0.00
B. Itemized C	ontributi	ions fr	om Individual	İs			
Last Name		First					M.I.
Tedeschi		Marl	<b>(</b>				
Residential Street Address	City				State	Zip Code	040
431 Gilead St	Hebron				СТ	06248-1	313
Principal Occupation Self Employed			of Employer J. Tedeschi				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Атопп	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?    Yes   Is contributor a principal of a state		or prosp		otor?		\$	1,000.00
Method of contribution:	Money Ord		Date Received 07/10/2019	Aggregate contributions \$1,000.00	)		
Last Name		First					M.I.
Tejada		Elvis	3				
Residential Street Address	City				State	Zip Code	
47 Hamilton St	Hartford				CT	06106-3	3007
Principal Occupation Mail Handler		1 '	of Employer of CT				
Is contributor a lobbyist, spouse, or	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state of the section L1?  If yes, indicate which branch or branches of government the		or prosp	ective state contrac	rtor?			\$60.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	Leg	islative			
Method of contribution:  ✓ Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/10/2019	Aggregate contributions \$316.35	5		:
Last Name		First					M,I.
Tinker		Jay			<del></del>	T	
Residential Street Address 2074 Park St	City Hartford	d			State CT	Zip Code 06106-2	2051
Principal Occupation Chef			of Employer b Shack				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she is			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  Yes  Is contributor a principal of a state of the section L1?  No branches of government the	r			✓ No	***************************************	\$	1,000.00
If yes, list Event # contract is with:	<u></u> јЕх	ecutive		ıslatıve	-		
Method of contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 08/28/2019	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$2,060.00
TOTAL of Section B Pages	\$27,582.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$27,582.00

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	ete Name as Registered with Fi	mig repos	Hory)		TYPE OF REPORT			
Eddie Perez for Hartford					7th day preceding	primary		
A. Total Contributions from Small Co (See instructions for definition of Small Com		Period O	NLY	Subtotal Section 2	Š			\$0.00
	B. Itemized C	ontribut	ions f	from Individuals				
Last Name		Segetili.05679;00005/93050]#	Firs	t	AAA JOO SHI SHI SAA AA AA AA AA AA AA AA AA AA AA AA AA		(0)(6)(6)) (3445) (4465) (6)(	M.I.
Tom			Ch	ristina				
Residential Street Address		City	<del></del>			State	Zip Code	
49 Hungerford St		Hartford	d			СТ	06106-	1425
Principal Occupation Recruiter			3	of Employer x Systems				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more ti	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state  If yes, indicate which branch o  branches of government the  contract is with:	r	or pros		∐ res ✓ No	Account to the second s		\$25.00
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/Debi		Money Ord	er	Date Received 08/31/2019	Aggregate contributions \$25.00	,		
Last Name			Firs	t	**************************************			M.I.
Urena Espinal			Wil	son				М
Residential Street Address		City	****			State	Zip Code	2010
49 Highview Dr		Rocky I				СТ	06067-3	3616
Principal Occupation Administration				of Employer Food Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or pros	_	∐ i es			\$500.00
Method of contribution:  Cash Personal Check Credit/Debit	contract is with:  Card Payroll Deduction	Money Orde		Date Received 08/07/2019	Aggregate contributions \$500.00			
Last Name			First			•		M.1.
Vargas			Am	ado				
Residential Street Address 26 Paley Farms Rd		City Portland	d			State CT	Zip Code 06480-1	1021
Principal Occupation Attorney				of Employer Jas Chapman Wo	eods	•	·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or ousiness l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch or		or pros	pective state contractor	∐ Yes			\$250.00
If yes, list Event #	branches of government the contract is with:	☐ Exe	ecutiv	e Legisl	ative No			
Method of contribution:  Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 07/18/2019	Aggregate contributions \$450.00			

\$775.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide	Complete	e Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT			
Eddie Perez for Hartford						7th day preceding	primary		
A. Total Contributions from Sm (See instructions for definition of Sma			Period O	NLY	Subtotal Section /				\$0.00
			ontributi	ons f	rom Individuals				
Last Name				First			ON PERMISSION AND		M.I.
Vargas				Am	ado				
Residential Street Address			City				State	Zip Code	
26 Paley Farms Rd			Portland				CT	06480-	1021
Principal Occupation Attorney					of Employer as Chapman Wo	oods			
danandant abild afa labbungt?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
event reported in Section L1?	]Yes ]No	Is contributor a principal of a stat  If yes, indicate which branch or branches of government the contract is with:	r	or pres		∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check  Cre	edit/Debit (		Money Ord		Date Received 08/23/2019	Aggregate contributions \$450.00			
Last Name				First		-			M.I.
Vaught				Mat	thew				D
Residential Street Address			City				State	Zip Code	
397 Albany Ave			Hartford				СТ	06120-2	2516
Principal Occupation Courier				Name Skyc	of Employer OM				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	]Yes ]No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	r	or pros		∐ Tes			\$100.00
Method of contribution:	edit/Debit (	contract is with:	Money Ord		Date Received 07/18/2019	Aggregate contributions \$100.00			
Last Name				First					M,I.
Vicenty				Luis	<b>S</b>	*********			
Residential Street Address 68 Amherst St			City Hartford	i			State CT	Zip Code 06114-2	2701
Principal Occupation Information Requested				f	of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
evem reported in Section L1?	Yes No	Is contributor a principal of a state  If yes, indicate which branch or branches of government the	·			∐ res ✓ No			\$100.00
Method of contribution:	edit/Debit C	contract is with:	Money Orde	ecutive er	Date Received 08/07/2019	Aggregate contributions \$100.00			
-		<del></del>				· · · · · · · · · · · · · · · · · · ·	<b>!</b>		

\$300.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Eddie Perez for Hartford					7th day preceding	orimary		
A. Total Contributions from Small (	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small C	ontributor)			Subtotal Section A				\$0.00
	B. Itemized C	ontributi	ions f	rom Individuals				
Last Name	transmittermining and a more management of property of separate to the separate property of the		First		200 (1) 200 (1)			M,I.
Villanueva			Lou	is				
Residential Street Address		City				State	Zip Code	
8500 Alveron Ave		Orlando	)			FL	32817-2	400
Principal Occupation			l	of Employer				
Umpire			Self	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipatitu daga santaibutaa	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes			\$200.00
No	If yes, indicate which branch o branches of government the	_		_	. ✓No			Ψ200.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution:  ☐ Cash ☐ Personal Check ✓ Credit/D	ebit Card Payroll Deduction	]Money Ord	ег	Date Received 08/31/2019	Aggregate contributions \$200.00			
Last Name			First					M.I.
Wilkins			Joh	n				
Residential Street Address		City				State	Zip Code	1504
22 Garland Rd		West H				СТ	06107-3	5504
Principal Occupation Executive Director				of Employer Art Ways				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	annicia ditu de co a cuttibutan	or business l				Amoun	t of Cont	ribution
ls this contribution associated with an event reported in Section L1?			or pros	pective state contractor	? Yes			\$50.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:	-	ecutiv	e Legisla	<b>✓</b> No ative			700.20
Method of contribution:  ☐ Cash  Personal Check ☐ Credit/D		Money Ord	ег	Date Received 08/25/2019	Aggregate contributions \$50.00			
Last Name			First					M.I.
Winch			Rjo					
Residential Street Address		City Hartford	4			State CT	Zip Code 06112-2	252
359 Sigourney St Principal Occupation		Hartion		of Employer		01	00112-2	.002
Unemployed				mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Imminimality done contributor	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state  If yes, indicate which branch o		or pros	pective state contractor	i es			\$25.00
If yes, list Event #	branches of government the contract is with:	_	ecutiv					
Method of contribution:  Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	er	Date Received 08/25/2019	Aggregate contributions \$50.00			

\$275.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page

SEEC FORM	20
Revised January	2015

Residential Street Address 359 Sigourney St Principal Occupation Unemployed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?

Is this contribution associated with an

event reported in Section L1?

If yes, list Event#

Yes

✓ No

Yes

✓ No

Method of contribution:

Cash Personal Check CCredit/Debit Card Payroll Deduction Money Order

#### I. MONETARY RECEIPTS (Sections A-K)

Unemployed

Yes

Date Received

08/31/2019

If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a

municipality does contributor or business he/she is associated with have a contract with said

Executive

Is contributor a principal of a state contractor or prospective state contractor?

municipality valued at more than \$5,000?

If yes, indicate which branch or

branches of government the

contract is with:

NAME OF COMMITTEE (Provide Complete Name as Registers	ed with Filing Repositor	v)	TYPE OF REPORT				
Eddie Perez for Hartford			7th day preceding primary				
A. Total Contributions from Small Contributors - Recei	ved this Period ONL	Y					
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00	
B. Ite	emized Contribution:	s from Individuals					
Last Name	F	irst	A conference or maximal deficit freedom a make the served of		and, and order of the same	M,I.	
Winch	F	Rjo					
Residential Street Address	City			State	Zip Code		
359 Sigourney St	Hartford			СТ	06112-2	2352	
Principal Occupation	Na	me of Employer					

Legislative

✓ No

Yes

✓ No

Aggregate contributions

\$50.00

Page

54

Amount of Contribution

\$25.00

\$25.00	SUBTOTAL Section B - This Page
\$27,582.00	TOTAL of Section B Pages
\$27,582.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

SEEC FORM 20	
Revised January 2015	

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NAME OF COMMITTEE (Provide Complete Name as Registered in	yith Filing Repository)	TYPE O	REPORT		
Eddie Perez for Hartford	7th day preceding primary				
${f D}_{i}$	Loans Received this Period				
Name of Lender Eddie Perez	Source of Loan: Bank Candidate	✓ Indivi	dual Other Committee	Date of Receipt 08/19/2019	
Street Address 64 CATHERINE ST	HART GRE	State C 7	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address C	ity	State	Zip Code	\$15,000.00	

I. MONETARY RECEIPTS (Sections A-I	<b>(</b> )	Page	46	of	54
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF R	EPORT			
Eddie Perez for Hartford	7th day pre	eceding prin	nary		
Summary of Other Monetary Receipts (Sections D-K)					
Total Loans Received this Period (Section D)	<del> </del>			\$18	5,000.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+				\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+				\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	-			\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Eddie Perez for Hartfo		* **		7th day preceding p	orimary	
	P, Expense	es Paid by Commi	tee	Maria e el el Eggiveno		
Name of Payee Awesome Campaign	ıs			Date of Payment 08/30/2019	Method of Check	#
Street Address	St	City Elgin			State IL	Zip Code 60120-8445
Purpose of Expenditure (by code) PRNT	Description	Description Event #			Amount	
Expenditure # (if applicable)						\$3,771.00
Name of Payee Blue Edge Strategies	3			Date of Payment 07/10/2019	Method of Check	# 127 Card
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked)  □A □B □C □D		\$2,871.45
Name of Payee Blue Edge Strategies	S		·	Date of Payment 07/10/2019	Method of Check	#_127
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditue)  Coordinated without reimbursement sought (in-kind cont	r committee) re) Independent	ndent	cked)		\$3,000.00
Name of Payee Blue Edge Strategies	S			Date of Payment 07/26/2019	Method o	
Street Address  983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	ut#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Indepe	ndent	C B		\$1,127.31

SUBTOTAL Section P - This Page	\$10,769.76
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Eddie Perez for Hartfo				7th day preceding	primary	
	P. Expense	s Paid by Commi	ltee			
Name of Payee Blue Edge Strategies				Date of Payment 07/26/2019	Method of Check	#_131
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contract)	re) Indepe	ndent	_A _B _C _D		\$212.70
Name of Payee Blue Edge Strategies				Date of Payment 07/26/2019	Method of Check	# 131
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indepen	ndent	cked)		\$212.70
Name of Payee Blue Edge Strategies				Date of Payment 07/26/2019	Method of Check	# 131
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate of  Coordinated with reimbursement sought (joint expenditus  Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	ABCD		\$3,000.00
Name of Payee Blue Edge Strategies	3			Date of Payment 07/26/2019	Method of Check	# 131 Card EFT
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind cont	r committee)  re)  Indepe	ndent	Cked)		\$4,987.85

SUBTOTAL Section P - This Page	\$8,413.25
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

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NAME OF COMMITTEE	3 (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Eddie Perez for Hartfo	ord			7th day preceding	orimary	
	P. Expense	s Paid by Commi	ttee		300	
Name of Payee Blue Edge Strategies				Date of Payment 07/26/2019	Method of Check	# 131
Street Address 983 Main St		City Manchester			State CT	Zíp Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (If applicable)						\$5,000.00
Name of Payee Blue Edge Strategies	3			Date of Payment 07/26/2019	Method of Check Debit	# 131
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)		\$8,000.00
Name of Payee Blue Edge Strategies	;	***************************************		Date of Payment 07/26/2019	Method of  ✓ Check  ☐ Debit (	# 131
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) POST	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	e) Indeper	nđent	ked)		\$83.05
Name of Payee Blue Edge Strategies				Date of Payment 07/26/2019	Method of  ✓ Check  ☐ Debit (	# <u>131</u>
Street Address 983 Main St		City Manchester			State CT	Zip Code 06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	±#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control of the control	committee) Indeper	ndent	ked)		\$842.29

SUBTOTAL Section P - This Page	\$13,925.34
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

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NAME OF COMMITTE	B (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Eddie Perez for Hartfo	ord			7th day preceding	primary	
	P. Expense	es Paid by Commi	tee			
Name of Payee Blue Edge Strategies				Date of Payment	Method of  ✓ Check	
Dide Luge Strategies	•			08/31/2019	Debit Card EFT	
Street Address		City		<u> </u>	State	Zip Code
983 Main St		Manchester			СТ	06040-6018
Purpose of Expenditure	Description		Even	<b>t</b> #		Amount
(by code) A-WEB						Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	-	' is chec	cked)		\$1,500.00
(if applicable)	✓ None of the below (does not involve another candidate or	Indeper	ndent			
	Coordinated with reimbursement sought (joint expenditur	re)		ПА ПВ ПС ПВ		
Name of Payee	Coordinated without reimbursement sought (in-kind cont	nounon)		Date of Payment	Method of	Doumont
Blue Edge Strategies	i			08/31/2019	Check	# 135
				00/31/2019	Debit (	Card EFT
Street Address		City			State	Zip Code
983 Main St		Manchester			СТ	06040-6018
Purpose of Expenditure (by code) PRNT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	=	' is chee	eked)	\$3,403.20	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Coordinated with reimbursement sought (joint expenditur	Indana	dent			
	Coordinated without reimbursement sought (in-kind control	ribution) Organiz	ation:	$\square A \square B \square C \square D$		
Name of Payee				Date of Payment	Method of	
Blue Edge Strategies				08/31/2019	Check	
					Debit (	
Street Address		City Manchester			State CT	Zip Code 06040-6018
983 Main St		Widnest Color	_		<u> </u>	
Purpose of Expenditure (by code) WAGE	Description		Even	t#		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required in	dess "Nove of the helow"	is chuz	skad)		\$5,000.00
(if applicable)	None of the below (does not involve another candidate or	committee)		neuj		ψ5,000.00
	Coordinated with reimbursement sought (joint expenditur	·				
	Coordinated without reimbursement sought (in-kind contra	ribution) Urganiz	ration:	LA LB C LD		
Name of Payee				Date of Payment	Method of	
Blue Edge Strategies				08/31/2019	Check Debit (	
Street Address		City	·		State	Zip Code
983 Main St		Manchester			CT	06040-6018
Purpose of Expenditure	Description		Even	t#		Amanut
(by code) PRNT					,	Amount
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$531.75	
(if applicable) Vene of the below (does not involve another candidate or committee) Independent						
Coordinated with reimbursement sought (joint expenditure)						
	Coordinated without reimbursement sought (in-kind contra	abution)				

SUBTOTAL Section P - This Page	\$10,434.95
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

Name of Payee Blue Edge Strategies  Street Address  983 Main St  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Street Address  Name of Payee Edward Casares  Type of Expenditure (Itemization in / Coordinated with reimbursement series)  Coordinated without reimbursement series  Street Address  78 Roger St  Purpose of Expenditure (by code) REF  Expenditure # (if applicable)  Expenditure # (if applicable)  Coordinated with reimbursement series  Purpose of Expenditure (by code) REF  Expenditure # (if applicable)  Coordinated with reimbursement series  Coordinated with reimburs	Addendum P Required university of the control of the condition of the control of	committee) Indep	Even		Method of Check Debit C	# 135 Pard FFT  Zip Code 06040-6018  Amount \$8,000.00
Street Address  983 Main St  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payce Edward Casares  Street Address  78 Roger St  Purpose of Expenditure (Description in Accordinated without reimbursement street)  Street Address  78 Roger St  Purpose of Expenditure (Description Refund  Expenditure # (if applicable)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)	Addendum P Required university of the control of the condition of the control of	City Manchester  less "None of the below committee)	Even	08/31/2019  It #  Cked)  Date of Payment	Check Debit C State CT  Method of Check	# 135 Pard FFT  Zip Code 06040-6018  Amount \$8,000.00
Street Address  983 Main St  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payce Edward Casares  Street Address  78 Roger St  Purpose of Expenditure (Description in Accordinated without reimbursement street)  Street Address  78 Roger St  Purpose of Expenditure (Description in Accordinated without reimbursement street)  Street Address  78 Roger St  Purpose of Expenditure (Description Refund  Expenditure # (if applicable)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)	Addendum P Required universe another candidate or casought (joint expenditure ent sought (in-kind contri	Manchester  less "None of the below committee)    Indep   Organ	" is ched	08/31/2019  It #  Cked)  Date of Payment	Check Debit C State CT  Method of Check	# 135 Pard FFT  Zip Code 06040-6018  Amount \$8,000.00
Street Address  983 Main St  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payce Edward Casares  Street Address  78 Roger St  Purpose of Expenditure (Description in Accordinated without reimbursement street)  Street Address  78 Roger St  Purpose of Expenditure (Description Refund  Expenditure # (if applicable)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)  Type of Expenditure (Itemization in Accordinated without reimbursement street)	Addendum P Required universe another candidate or casought (joint expenditure ent sought (in-kind contri	Manchester  less "None of the below committee)    Indep   Organ	" is ched	cked)  A B C D  Date of Payment	Debit C State CT  Method of Check	Zip Code 06040-6018 Amount \$8,000.00
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Street Address  78 Roger St  Purpose of Expenditure (by code) REF  Expenditure # (if applicable)  Type of Expenditure (Itemization in A for applicable)				1	Check	#
78 Roger St  Purpose of Expenditure (by code) REF  Expenditure #  (if applicable)  Description Refund  Type of Expenditure (Itemization in A VI) None of the below (does not involved.						Card EFT
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(by code) REF Refund  Expenditure # Type of Expenditure (Itemization in a (if applicable) None of the below (does not involved)			- <del></del>		СТ	06106-4348
(if applicable) None of the below (does not invol			Even			Amount
Coordinated without reimburseme	lve another candidate or e sought (joint expenditure	committee) Indep		cked)		\$250.00
Name of Payee Evelyn Dukes				Date of Payment 07/03/2019	Method of Check	#
Street Address 4 4 B Pross Percent 6	1 VE	City	TA	NTFORD	State	Zip Code
Purpose of Expenditure (by code) WAGE	•		Even	at #		Amount
Expenditure # Type of Expenditure (Itemization In  (if applicable) V None of the below (does not involved to coordinated with reimbursement	lve another candidate or sought (joint expenditure	committee) Indep	w" is che nendent nization:			\$600.00
Name of Payee Evelyn Dukes	en sough (m-kad com)			Date of Payment 07/15/2019	Method of	
Street Address HHB PROSPECT	AVE	City Banadan	+A	TEND	State NO C	Zip Code
Purpose of Expenditure Description (by code) WAGE	•		Ever	nt #		Amount
Expenditure #  (if applicable)  Type of Expenditure (Itemization in  V None of the below (does not invo Coordinated with reimbursement Coordinated without reimbursement	lve another candidate or sought (joint expenditure	committee) Indep	er" is che pendent nization:			\$600.00

SUBTOTAL Section P - This	Page \$9,450.00
TOTAL of Section P.P.	ages \$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page To	otals) \$63,572.30

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Revised January 20	15

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NAME OF COMMITTE		Repository)	TYPE OF REPORT	And the state of t
Eddie Perez for Hartf	primary			
	standard P. Expens	es Paid by Committ	ee di karanga mada and mada an	
Name of Payce Evelyn Dukes			Date of Payment 07/26/2019	Method of Payment Check # Debit Card EFT
Street Address	3 PROSPECT AVE	City	FARST FOLD	State Zip Code
Purpose of Expenditure (by code) WAGE	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required is None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditution Coordinated without reimbursement sought (in-kind con	r committee) Independ	ent	\$600.00
Name of Payee Evelyn Dukes			Date of Payment 08/05/2019	Method of Payment Check # Debit Card EFT
Street Address	11 - 16-11100	City	HITTONS	State Zip Code CT 1999 06/05
Purpose of Expenditure (by code) WAGE	Description		Event#	Amount
Expenditure # (if applicable)	\$300.00			
Name of Payee	Coordinated without reimbursement sought (in-kind con		Date of Payment	Method of Payment
Electrical Power Sol	utions LLC		07/01/2019	Check #  Debit Card EFT
Street Address		City		State Zip Code
104 Hannah Ln	·	Coventry		CT 06238-1283
Purpose of Expenditure (by code) OVHD	Description Rent		Event #	Amount
Expenditure # (if opplicable)	\$800.00			
Name of Payee Electrical Power Solutions LLC  Coordinated without reimbursement sought (in-kind contribution)  Organization:  A B C D  Date of Payment  08/01/2019			Method of Payment  Check #	
Street Address		City		Debit Card EFT State Zip Code
104 Hannah Ln		Coventry		CT 06238-1283
Purpose of Expenditure (by code) OVHD	Description Rent		Event #	Amount
Expenditure # (if applicable)	\$600.00			

SUBTOTAL Section P This Page	\$2,300.00
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

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### IV. EXPENDITURES (Sections P-T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT		
Eddie Perez for Hartford 7th day preceding p					primary	
	P, Expense	s Paid by Commi	ttee			
Every Action, Inc 07/20/2019				Method of Payment  Check #  Debit Card EFT		
Street Address 1445 New York Ave	NW, Ste 200	City Washington		1	State DC	Zip Code 20005-2158
Purpose of Expenditure (by code) OVHD	Description NGPVAN		Even	t#	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control	re) Indeper	ndent	cked)		\$450.00
Name of Payee Gum Spirit Productio	ns			Date of Payment 07/23/2019	Method of Payment Check # Debit Card EFT	
Street Address 452 Roosevelt Trl		City Windham			State ME	Zip Code 04062-6931
Purpose of Expenditure (by code) A-WEB	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind conto	committee) Indeper	ident	cked)		\$3,442.00
Name of Payee London Cafe Corp				Date of Payment 07/20/2019	Method of  ✓ Check  ☐ Debit (	#
Street Address 84 Van Block Ave		City Hartford			State CT	Zip Code 06106-2828
Purpose of Expenditure (by code) FNDR	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contract)	e) Indepen	ndent	ked)		\$405.00
Name of Payee Jason Ortiz				Date of Payment 07/23/2019	Method of  ✓ Check  ☐ Debit (	#
Street Address 239 Farmington Ave		City Hartford			State CT	Zip Code 06105-3504
Purpose of Expenditure (by code) WAGE	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contra	committee)  [Independent of the committee]	dent	ked)		\$3,773.00

SUBTOTAL Section P - This Page	\$8,070.00
TOTAL of Section P Pages	\$63,572.30
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$63,572.30

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NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT		
Eddie Perez for Hartf	ford		7th day preceding	primary	
	P. Expense	es Paid by Committee			
Name of Payee TD BANK			Date of Payment 08/01/2019	Method of Check	#
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) BNK	Description	E	vent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Independen	nt		\$209.00

\$209.00	SUBTOTAL Section P - This Page
\$63,572.30	TOTAL of Section P Pages
\$63,572.30	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

21 91 8		IV. EXPEN	DITURE	S		Page 1606-17
AME OF COMMITTEE				FILING DUE DATE	Commission Services (C. 1) (A. 1) (A. 1)	
		ed by Committe	e but No	t Paid During this Period		
lame of Creditor TREMON	T PUB	LIC ADVIS	ORS	Date Incurred 8/3//9 Event#	No. 2 3 getter Corona voltar "mine ta fasta	Amount Incurred (Estimate or Actual)
750 MA HARTER	State CT	06/03	Candidate(s)	Name (if applicable)	Office Sought	805
by code) CNSLT	pe of Expenditure (If a Coordinated with re Coordinated without Independent Corganization (see In Corganization A COR	imbursement sought t reimbursement sought	∬Supported			45.00
Name of Creditor	su <del>durante</del> e e esta en esta esta en	eg yang kumumun masa kalan kumumum — — — —	· . · · · · · · · · · · · · · · · ·	Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event#		
'urpose of Expenditure Ty	State CT /pe of Expenditure (if	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	
by code)	Coordinated with re	imbursement sought t reimbursement sought	CSupporte	d		\$0.00
Vame of Creditor	Са Ов С	CODUE		Date Incurred		Amount Incurred
Street Address				Event#		(Estimate or Actual)
City 1 Total Control of Control o	State CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	
by code) (	ype of Expenditure (if ) Coordinated with re ) Coordinated withou ) Independent ) Organization (see I	eimbursement sought nt reimbursement sought	C Supporte			\$0.00
Vame of Creditor	AJA 32/B t	JC OD GE		Date Incurred	<u> </u>	Amount Incurred
Street Address			:	Event #		
Dity	State CT	Zip Code	Candidate(s)	) Name (if applicable)	Office Sought	
by code)	ype of Expenditure <i>(i)</i> Coordinated with r  Coordinated witho  Independent	applicable): eimbursement sought ut reimbursement sough	t Support			#0.00°
Assemption	Organization (see	Instructions) CCODCE	Opposed	ea 1	managas magaja samuninga samuninga samuninga samuninga samuninga samuninga samuninga samuninga samuninga samuni	\$0.00
				SUBTOTAL Section	n S-This Page	<u>u</u>
		TACHBER DV.C	OVIMITT	TOTAL of additional Se EE DURING THIS PERIOD BU	The second of th	\$0.00
TOTAL OF	CALL EXPENSES		en deserve. El El St. El	(Enter-total on Line 28-of S	ummary Page	\$0.00
		Pro	viously re	ported Expenses Unpaid and stil	Outstanding	# \$0.00 \$0.5 \$0.00
TOTAL OF ALL EXPENS	ES INCURRED B	Y COMMITTEE B	UT NOT I	AID (Enter total on Line 28a of S	Summary Page	) ψυ.ου·

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